The Boston Surgical Society
Incorporated

History
By Laws
Members

2001

Donaldson

The Boston Surgical Society

Incorporated

History
By Laws
Members

2001

The Boston Surgical Society
Incorporated

History
By Laws
Members

2001

Page

Chapter I. Origins 4

Chapter II. The Boston Surgical Society, Inc,1914-2001 30

Chapter III. The Bigelow Medal 51

Chapter IV. Meetings 81

By-Laws 102

Officers and Members 107

The initial history of the Boston Surgical Society was written by Dr. Bradford Cannon, a task duly noted by rousing vote of thanks of the executive council at its meeting of June 6, 1977. The history written by Dr. Cannon was subsequently published along with the 1976 presidential address of Dr. Gordon A. Donaldson, revised by-laws and general information concerning the Society. In October, 1989 the council invited Dr. Cannon to update his history with subsequent publication of the "Red Book" in 1992. The council felt the need for an update once again in October, 2000. Drs. Cannon, Magruder C. Donaldson and Anthony D. Whittemore drafted relatively minor revisions to the 1992 rendition, with results here in hand.

The following remarks, still appropriate, appeared in the introduction to the 1992 version written by Dr. Cannon.

Introduction

Preparation of the history of the Boston Surgical Society, Inc. has proven a fascinating and rewarding experience. A past President has said that he did not envy anyone the task, having himself attempted to compose a history of another society. "I still haven't gotten over it." Some of us are old enough to remember many of the noteworthy individuals who were the founders and early members of the Society. The importance of their contributions to the Society and their influence on the advances in surgery during their lifetime cannot be overestimated. One can only hope that reader will find this account of our predecessors enlightening.

Bradford Cannon, M.D.

The origin of the "turnip" on the title page is obscure. It was restored by Dr. Soutter when he was Secretary. Perhaps it is simply a bit of printer's ornamentation.

Chapter 1

BOSTON SURGICAL SOCIETY ORIGINS

The “Surgical Review Club” at the Massachusetts General Hospital was the precursor of today”s Boston Surgical Society. The members of the Club were senior members of the MGH staff who gathered for professional and social interchange for a number of years beginning around the turn of the century. They kept no minutes and had no stated purpose or by-laws. Surgeons from other Boston hospitals were not invited to join. A group of rebuffed younger surgeons in the Boston community were inspired in 1911 to form their own surgical club. Several names for the new organization were suggested including the Burrell Society to honor Dr. Herbert Burrell who had chartered a relief ship, the Bay State, to transport sick and wounded Massachusetts soldiers and sailors from Cuba at the conclusion of the Spanish-American war. Another name was Fenway Surgical Club. They finally chose the name Boston Surgical Society at a meeting of January 18, 1912.

In the meantime the older Surgical Review Club wanted a city-wide society similar to those in New York, Philadelphia and Chicago. A formal appeal was made to the younger surgical society to release the title “Boston Surgical Society” to the Surgical Review Club. After months of negotiating, correspondence and personal interviews, an agreement was reached in 1914. The two clubs joined as the Boston Surgical Society, Inc. The “Inc.” was added to distinguish it from the older society. One disgruntled member of the younger group complained, “so far as our Society goes, I feel we will be making a backward step in relinquishing our name to any body of men, however aged or famous.” The younger group continued, renamed the Chirurgical Society of Boston, until a final meeting recorded in March 1920.

These events were the subject of Dr. Gordon A. Donaldson’s presidential address in 1976, reprinted here in its entirety.

THE FIRST TEAM
# of the
Boston Surgical Society

Gordon A. Donaldson
President 1976

The Boston Surgical Society as we know it today was founded in the Winter of 1914-15. In this Country in particular it was a time of great activity and growth, of optimism and individual opulence. The Spanish and Mexican Wars had been mere skirmishes, economically at least; and the growth of the railroads, telegraph and telephone, and industry in general had, in large measure, recouped the Country from the devastation of the Civil War. The Lusitania had not yet been sunk in the North Atlantic, and World War I seemed very distant. The ebullience and optimism of the age were personified in the President of the time. And in New York the wealthy railroad and industrial barons, encased in their boiled shirts and vine-leaf garlands, caroused. Diamond Jim Brady was reported to have said, "Hell, I'm rich. I'm going to have some fun." It was a time when the sexes respected each other, and any reference to "Women's Lib" would have been considered most superfluous.

As might be expected, Medicine and Surgery were caught up in this milieu of ferment. Challenged by a forbidding mortality in such diseases as Diphtheria, Typhoid, and Scarlet Fever, and a death rate for compound fracture in the Boston area of one in every 10 patients, organizations for the exchange of medical ideas were springing up throughout the Country - The American College of Surgeons in 1914, and in 1916 the New England Surgical Society, to mention but two.

Locally, Boston was flooded with master Surgeons; and it was generally admitted that in Surgery, at least, Boston had displaced Philadelphia as the leader in America.

Small wonder then, that George Monks, Charles Scudder, and others became restless to establish opportunities to meet and exchange ideas within the City. To be sure, there was a small group of young men, chiefly from the City Hospital, composed of Frank Lahey, Austin Brant, Arthur Kimpton, James Gallison, among others, who had organized a club in 1911. And there also was The Boston Surgical Review Club of older men, like Franklin Balch, Charles Scudder, and Howard Lothrop.

The origins of the *Surgical Review Club* are misty; developing in all probability shortly after the turn of the century.It was a loosely knit group that gathered during the winter months. The members reviewed in turn the literature of the day, following which there was a general discussion. Meetings were held in members' houses up and down Beacon, Marlborough, and Boylston Streets. In 1913, attendance at the meetings was falling off, prompting Charles Scudder to write to Secretary Howard Lothrop, dated March 31, 1913, "As I have watched the Club develop and have watched the meetings from year to year, it occurred to me that before long the Club may die a natural death. As we get older and become more busy, or become interested in special lines of surgical work, it may become more difficult for the active meetings of the Club to be maintained. I think it might be a good plan to turn the *Surgical Review Club* into the nucleus for a Surgical Society of Boston - the object of the Society to be a private, good solid Club, made up of the best surgeons in Boston, actively engaged in practice. By such an organization it seems to me that the best of the surgical profession here in Boston could have an organization which would be representative, and by its clinical meetings we could come to know something about each others work, of which at Present we know comparatively little." And he goes on to compare the society of the future with similar organizations in New

York, Philadelphia, and Baltimore. Such was the genesis of the Boston Surgical Society and its principles and purposes as we know them today - so well stated by Charles Scudder in 1913.

* * *

But wait! There already existed a surgical society in Boston called (of all names) “The Boston Surgical Society!” Who were these young upstarts who had stolen a march on the older, established surgeons in town? Only two years previously on June 21, 1911, a small group had met at the home of Arthur R. Kimpton, 483 Beacon Street, corner of Massachusetts Avenue, with the purpose of combining “a review of the literature of the day with Presentations of their own individual work.” The first organizational meeting was held at the home of Frank H. Lahey, 845 Boylston Street. In this, the old Beresford Apartment hotel, lived the recently married Dr. Lahey, an energetic young surgeon, three years in practice, and active at the Boston City and Carney Hospitals, where he had trained. The literary review was assigned by a Committee of three to various members in rotation. A card file was kept. And after 30-45 minutes of review, original clinical work was to be reported, with a review of the appropriate literature. Annual dues were set at $1.50 - to cover postage and refreshments.

A lengthy discussion ensued as to a proper name for the group. “The Herbert Burrell Surgical Club” was suggested. Dr. Burrell had died prematurely the year previously, at the age of 54. Perhaps no man had had more impact on the surgical training of the founders of this Society in the early part of the century than did Herbert Leslie Burrell; and at this time it seems appropriate to digress a moment to honor him.

A graduate of the Harvard Medical School, he trained at the Boston City and Carney Hospitals; and thereafter devoted his life to the teaching of surgery at these two institutions. For 20 years he served as a senior surgeon at the Boston Children's Hospital, and his imprint on the young surgeons of his day was profound. His main forte was as an administrator, whether organizing the Army transport "Bay State" to evacuate fever stricken militia home from Santiago Bay; or as President of the Massachusetts Medical Society and later President of the American Medical Association, or as Secretary of the American Surgical Association.

The preeminence of the Boston City Hospital in the early years of this century was in no small part due to the surgical teaching and administrative ability of this remarkable man. He was a strenuous advocate of continuity of service of the Visiting Staff in General Hospitals, in contrast to the loose, short service system prevalent in most General Hospitals in the Country at that time. It was he who initiated the "case system" of teaching in surgery, borrowing the practice which had long been effective at the Harvard Law School. The extent of his unselfish devotion to the improvement of medical teaching was not generally known, except to his own intimates of that day, and certainly it is not appreciated today. Also, to an extent uncommon today, he generously offered opportunities for distinction to his juniors, while standing aside. Herbert Burrell was a remarkably modest man.

In addition to the name of Burrell those of Ambrose Pare', John C. Monroe, and the Fenway Surgical Society (being close by Fenway Park) were discarded; and the name of Boston Surgical Society was chosen at a meeting on January 18, 1912. The first President was - guess who? Frank Howard Lahey, with James M. Gallison, Vice President and Austin Brant, Secretary-Treasurer. Initial meetings were held at the Beresford Apartment Hotel of the recently married Lahey at 845 Boylston Street. It would be foolhardy of me to try to sketch the character and deeds of Dr. Lahey, particularly in the presence of those in this room who knew him so much better than I. He was a singular man. Born of sturdy Irish stock, he was the only child of Thomas, a successful bridge builder in Haverhill, Massachusetts, and Honora Lahey. From the beginning, his life was characterized by amazing drive and sense of commitment, whether on his newspaper route, the local High School Track, Baseball, or Football Teams, hunting on his preserve in Alabama, Major in World War I, and in World War II Chairman for Procurement and Assignment of all medical personnel to all the Armed Forces (numbering 60,000 Physicians), at his work desk, with his loyal wife Alice Wilcox at his 60th birthday party, and last but not least, with Blanche Wallace, his one and only scrub nurse for 37 years, through 17,000 operations. Miss Wallace, still alive, recently opined that, left to her own resources, she thought she could find her way around the abdomen pretty well!

It is obvious that I cannot begin to recount Dr. Lahey's contributions to World Surgery. He was unswervingly committed to the practice and teaching of careful surgery, making operations safer in the hands of the average surgeon. In an effort to lower morbidity and mortality during the developmental era of surgery, he described two-stage procedures for Esophageal Diverticula, Thyroidectomy for thyrotoxicosis, and for both large bowel and rectal cancer. His most lasting contributions may be considered in the sphere of 1) postgraduate teaching, and 2) the development of a group type of practice - this last launched in an atmosphere of considerable suspicion in the Boston surgical community in 1925.

Small wonder that a man of such qualities as Dr. Lahey's should have honors heaped upon him, including the leadership of the American Medical Association. On May 10, 1946 he was awarded what he termed in his own words his "greatest honor", that of the Henry Jacob Bigelow Medal of the Boston Surgical Society, "because of its being given by one's own confreres in one's own home town". This statement was typical of the man. Small wonder that 1000 people crowded Trinity Church at memorial services held two weeks after he seemingly was recovering from a coronary occlusion.

To return to the original Boston Surgical Society: in 1911 the earlier meetings were attended with great enthusiasm. The first paper was that given by Dr. Lahey himself on '"Tuberculous Peritonitis"; and presentations on such subjects as Puerperal Sepsis, the Relation of Acapnoea to Shock and Anaesthesia, Prostatic Abscess, and The Source of Backache in Retroversion of the Uterus are recorded. These original papers presented challenges to the group, but as early as February 1912 there was discussion of ways and means to keep the members up to mark in abstracting their assigned journals; and the problem of "How to deal with members who ineffectively covered their assigned Journal reviews" was put out to Committee. At the Second Annual Meeting, July 18, 1912, at the home of Dr. A. K. Paine, 366 Commonwealth Avenue, methods of increasing the efficiency of the Society were considered. The record indicates that at these midsummer meetings there was no business, no reviews and no papers; and only refreshments were to be had. And then there was the complaint from Price Brothers, Grocers at 188 Massachusetts Avenue. On April 17, 1913, the Secretary announced "the loss of 18 bottles after the meeting of January 16, 1913." Dr. Austin Brant, at whose home the meeting had been held, 483 Beacon Street, offered to "adjust the matter". Eighteen members had been present. The minutes of the following two meetings are preoccupied with this item. On July 12, 1913 "the Treasurer was instructed to pay Price Brothers, Grocers, one Dollar for the bottles lost last January'. And on

August 21, 1913 the Treasurer announced that "Price Bro., Grocers, had been paid as noted at last meeting".

In the early years of this original Boston Surgical Society the average attendance was 10 members and 40-50 guests. House pupils attended and discussion was encouraged. Stephen Rushmore spoke on "Some Therapeutic Uses of Sugar". Dr. Lahey described a new needle. Arthur Kimpton read a paper on the "Use of Cannula Tubes for Transfusing a known amount of blood Withdrawn and Introduced". This was a departure from the custom of direct transfusion, and the forerunner of the Vincent transfusion tube, with which a number in this audience, including myself, were familiar. "Serum Diagnosis of Pregnancy", and "Experimental Bone Transplantation" were discussed; and Dr. Irving Walker presented a paper on "Acute Abscess and Gangrene of the Lungs". In the discussion which followed his paper there was general agreement that although ether was considered the safest all-around anesthetic, from the standpoint of the lungs alone, chloroform was superior.

Then on July 20, 1914, when the Society had been in existence two and one-half years and could certainly be considered viable, with a limited membership of 23, including many of the more virile young surgeons in Boston, came a stunning request from the faltering Surgical Review Club. It was the suggestion of Scudder, Balch, Stone, Cotton and others of the Review Club that the Society relinquish the name of the Boston Surgical Society to, as the letter stated "a more representative body of Boston Surgeons, recognizing that there was need for a larger society to represent adequately the work done in the City." The new Boston Surgical Society would be comparable to the well established groups in New York, Philadelphia, and Baltimore. When the roll was called at the appointed meeting on July 20, 1914, 16 favored relinquishing the name, 4 opposed. Said Brant and Williams, "Any Society taking the name should be representative of the best of surgery in Boston". Paine: "We have done credit to Surgery in Boston, and any change in the name would weaken the Society." And Tinkham, with words which have a familiar ring today: "We should not be forced into relinquishing our name to a bunch of old men". It was the persuasion of unselfish individuals, lead by Dr. Lahey, that won the day, however, and our Boston Surgical Society was born on August 29, 1914.

Thereafter the original Society continued limited in membership and at the monthly meetings one or two original papers, representative of the surgical activities of that day, were presented. This format did not change for the remaining six years of its existence. In February 1915 the name Chirurgical Society of Boston was adopted. In 1916, a change was made from holding meetings in members' houses to the new Harvard Club on Commonwealth Avenue. The First World War interrupted meetings for a period of two years and on reconvening on November 28, 1919, meetings were reduced to five per year. There was considerable discussion of keeping the Society wholly in the hands of the present generation or "diluting it with many younger men". In the following year there was an infusion of new blood by the election of Arthur Allen, Elliot Cutler, George Cutler, Donald Monroe, Joseph H. Shortell, and Howard Clute. But the liberal change in policy came too late, and many of the active members of the Boston Chirurgical Society soon became absorbed in the new Boston Surgical Society.

Although Franklin Balch had been President of the Surgical Review Club and Howard Lothrop, Secretary, and both men appreciated that the Club was withering during the Winter of 1913-14, it was clearly Charles L. Scudder who spearheaded the move to rejuvenate a wider surgical intercourse in the city of Boston. It was on November 25, 1914, three months after usurping the name of the Boston Surgical Society, that nine men met at the law office of John W. Ware, 53 State Street, to legally incorporate the new society. At that time George Howard Monks was chosen Chairman and Robert B. Greenough, Secretary, from among the nine men whose names, I wager, the great majority in this audience have never heard.

It is to honor these men, as much as for any other reason that this historical sketch is being presented. Our own Bob Goldwyn has coined the term “neglected Innovators”, men who, in review, rightly belong in the Hall of Fame of American Surgery.

Six days after incorporation on December 4, 1914, the first official meeting of the Society was held at the home of Dr. George Monks, 67 Marlborough Street. This proved to be an organizational meeting, and officers for a two year term were elected. Following the business of the evening, the first paper ever presented before this Society was read, very appropriately, by Charles Scudder, entitled: “The Significance of the Red Stippling Sign in Chronic Gastric and Duodenal Ulcer”. The paper was presented with slides demonstrating the punctate hemorrhages which occur when the serosa exterior to a benign ulcer is gently stroked with the gloved hand. The enthusiasm of the group that evening seems to have exceeded that of the present day in that no less than four of the assembled nine members discussed this observation - Blake, Porter, Monks, and Lothrop.

Earlier that same evening, 10 members of the old Surgical Review Club had been voted into the Society; and at the following meeting 19 additional members and 16 Honorary members were elected, bringing the total membership to 54.

But who were the original nine Innovators, reflecting, in Surgery, that initiative and restlessness which seemed to have been generally abroad in, that decade? A review of their careers in data compiled from various sources has generated nothing but a profound respect for every one of them.

THE FIRST TEAM
NOVEMBER 25, 1914

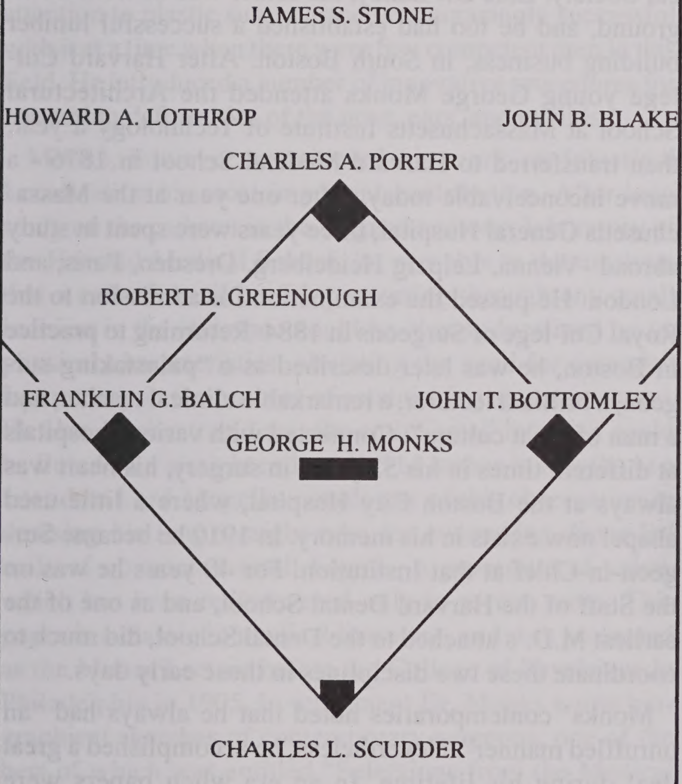
JAMES S. STONE
HOWARD A. LOTHROP
JOHN B. BLAKE
CHARLES A. PORTER
ROBERT B. GREENOUGH
FRANKLIN G. BALCH
JOHN T. BOTTOMLEY
GEORGE H. MONKS
CHARLES L. SCUDDER

FIGURE 1.

Monks

The battery of this First Team has got to be Monks and Scudder. Without doubt, one of the most versatile surgeons of his day, George Howard Monks stands alone in setting the pace and stabilizing the early days of the Boston Surgical Society. Like Dr. Lahey, his father was of Irish background, and he too had established a successful lumber building business, in South Boston. After Harvard College young George Monks attended the Architectural School at Massachusetts Institute of Technology a year, then transferred to Harvard Medical School in 1876 - a move inconceivable today. After one year at the Massachusetts General Hospital, three years were spent in study abroad -Vienna, Leipzig Heidelberg, Dresden, Paris, and London. He passed the examination for admission to the Royal Col-lege of Surgeons in 1884. Returning to practice in Boston, he was later described as a "painstaking surgeon, a brilliant lecturer, a remarkable clinical teacher, and a man of great culture". Connected with various hospitals at different times in his 53 years in surgery, his heart was always at the Boston City Hospital, where a little-used chapel now exists in his memory. In 1910 he became Surgeon-in-Chief at that Institution. For 40 years he was on the Staff of the Harvard Dental School, and as one of the earliest M.D.'s attached to the Dental School, did much to coordinate these two disciplines in those early days.

Monks' contemporaries noted that he always had "an unruffled manner". Nevertheless, he accomplished a great deal during his lifetime. In an era when papers were weighed in ounces rather than by the ton, he contributed 58 papers on a wide range of subjects: rupture of the biceps tendon, carcinoma of the appendix, fracture of the humerus, abdominal trauma, flushing of the intestinal tract through multiple enterostomy openings, acute pancreatitis, aseptic surgical technique, hip dislocation, finger avulsion, a method of one-hand knot tying, and even a way to prevent thumb sucking in children. He classified bursal disorders of the shoulder and devised the Monks' Triangle Splint. Always a deft and ingenious mechanic he busied himself early with the magnetic localization and removal of foreign bodies. In later years Monks turned much of his attention to plastic surgery, and was amazingly successful with it at a time when there were few competent men in this field. He introduced a number of innovative procedures for correcting deformities of the nose, ears, and eyelids.

Monks, however, considered his work on Intestinal Localization his most important contribution. After long study on the cadaver in the surgical anatomy laboratory of the Harvard Medical School, he was able to demonstrate that a coil of small bowel, presenting through any small incision in the abdomen could be closely localized by its physical characteristics, obviating the need for extended laparotomy in the process of establishing an enterostomy. He also demonstrated that the entire small intestine could be fluted on a straight rod or tube 14 inches in length. At a later date Lord Moynihan made use of this observation in devising his long straight tube for evacuating distended coils of obstructed small bowel - a procedure of value, which has been rediscovered only in recent years. This paper is a classic in medical literature, and was presented as the Mutter Lecture before the College of Physicians in Philadelphia in 1905. In retirement Dr. Monks wrote biographical sketches of contemporary surgeons, one of the best of which was entitled "Selections from the Medical Writings and Sayings of Oliver Wendell Holmes."

This man of great charm was handsome, debonair; and was said to be "gravely courteous, never ruffled, never hurried. "For years he was considered an unflinching advocate of bachelorhood, and he was given up by "scheming mammas" until, at the age of 44, he married Olga

Gardner, niece of Boston's Isabella Stewart Gardner. One of his three children was the late Dr. John Monks, known to some in this audience. In later years Dr. Monks spent much of his time in his studio sculpturing and painting. His sculptures, whether the admirable portrait bust of George Augustus Peabody, or the little Aphrodite perched on his desk, or the bronze Fountain displayed in his garden, have no trace of crudeness and are quite exquisite creations.

Such was the man who found time to live a long and happy family life, be a diligent President of the Boston Medical Library, his District Medical Society, the Boylston Medical Society, Vice-President of the American Surgical Association, and certainly Captain of the Team in the early days of the Boston Surgical Society. He is described as "one of the most unselfish men who ever lived, a very worthy and admirable gentleman who brought a certain fineness of finish to all he did; an artist in work and in life".

Scudder

The man behind the plate and mask is Charles L. Scudder. As noted, it was his initiating letter to Lothrop of the old Surgical Review Club that sparked the origin of our Society. His long life of 88 years brought him into the acquaintance of some in this audience; and the more I have read about this man the more I realize how much I personally lost by not making my several years of contact with him more than "an acquaintance". A Yale Bachelor of Philosophy and a Harvard Medical School graduate, he received his House Pupil diploma from the Massachusetts General Hospital and then traveled for six months in Europe. Scudder was quite a different character from Monks. He is described as earnest, able, energetic, seldom smiled and was always busy. He had little time for the usual banter with members of the hospital staff; and when he spoke it was always to the point. At the Massachusetts General Hospital he rose in 1914 to be Chief of the East Surgical Service, a post he held until retirement 6 years later. His intense interest in surgery resulted in his keeping in close touch with everything that went on, on his Service, and at times his Juniors had less work to do than desired because of this interest. His work was highly individualistic in both surgical practice and in his writings. Of the 126 or more papers listed in the Treadwell Library, extending over a 57 year period, from 1887 to 1944, only 13 are in collaboration with another surgeon.

These papers covered a wide range of subjects. His work on ‘“Tumors of the Jaws”, published in 1912, was considered a classic, and later he wrote extensively on gastric surgery, devising a rubber-shod clamp to be used in his own technique for gastroenterostomy. During all these early years, however, his major interest was becoming more apparent. In 1917 he established at the Massachusetts General Hospital one of the first Fracture Clinics in the country, and shortly thereafter a similar clinic in the Boston City Hospital Out-Patient Department. Between 1900 and 1938 his “Textbook on Fractures” ran through 11 editions, and brought him international recognition. For years he was Chairman of the American College of Surgeons Regional Fracture Committee, travelled widely to supervise refresher courses; and at the time of his death in 1949 was said to have contributed more to postgraduate education in fractures and dislocations than anyone else in the Country over the previous 50 years. His mechanical bent led him to modify the Lowman Clamp, by which the more accurate adjustment of the prongs of the clamp held fragments of the patella securely in place. He introduced heavy levers in the shape of periosteal elevators to pry bone fragments into place, and he devised a blunt hook for delivering the end of a fractured long bone into the wound. Dr. Scudder developed a Clamp of his own and was one of the early advocates of the open operative treatment of fractures, particularly recent fractures of long bones.

Like that iconoclast, Codman, Scudder was a careful, thoughtful surgeon, interested in follow-up and long term results. One of his papers is entitled "Does Appendectomy Always Relieve Symptoms? An Analysis of Results Years After Operation in 640 Cases of Appendectomy". Interest in his profession was all-consuming His invalid wife and his family, and for a time his farm and orchard in Sherburne, would seem to have provided him all of his outside activity. His commitment to surgery and particularly fractures never waned to the end of his 88 years. A man of unfailing poise, he had the mental and physical stamina requisite of a back stop on any team.

Bottomley

John T. Bottomley has got to be on first base. Big, strong, smiling, and affable, he is so reminiscent of Sunny Jim Bottomley of the St. Louis Cardinals' Gas House Gang days. After Holy Cross and Harvard Medical School, Dr. Bottomley trained at the Boston City Hospital. In 1897, in his early years there, he established and managed as few others have done, the Haymarket Relief Station. Shortly thereafter, he assisted Dr. Herbert Burrell on his hospital ship "Bay State" in the early days of the Spanish War. In 1902 he was called to the Carney Hospital to assist one of the leading surgeons of the time, Dr. John C. Monroe, and later he succeeded Dr. Monroe as Chief of Surgery there.

One gains the impression that Dr. Bottomley was bursting with energy at all times. He was consultant to 12 hospitals outside the Boston area - from Fall River to Fitchburg to Peabody - when travel was by train or Model T. He was on the faculty of Harvard Medical School and carried a huge practice. He helped place gastric surgery for ulcer and cancer on a firmer footing, and made contributions to surgery of the biliary tract. He was interested in trauma and reported studies on distention and tympanites after laparotomy. A member of the American Surgical Association, he was active in the American College of Surgeons and surgical section of the American Medical Association. In World War I he was discharged with the rank of Major.

His energy, ability, and cheerfulness endeared him to associates and patients alike. Accounts of him overflow with his personality. He is described as "The Prince of Good Comrades". A wonderful collection of old medical prints and rare books, of both medical and general interest, attest to his love of books and art. One day in December 1925, at age 56, after having operated in two hospitals, big, strong, cheerful and competent John Bottomley succumbed to a coronary thrombosis in his office on Beacon Street.

Porter

With Charles Allen Porter at second base, the infield is over-weighted with personality on the right side. If there ever was an extrovert it was "Ally" Porter, a superb person and a surgeon equipped with uncommon skill and judgement. He represented the eighth generation of a direct line of physicians and surgeons, beginning with Dr. Daniel Porter, who left England in 1635 and settled in practice at Farmington, Connecticut. He graduated with honors from Harvard College, where he rowed on the Crew and was considered one of the best halfbacks of that period in College football. He received both an A.M. and an M.D. cum laude, and followed the footsteps of his illustrious father, Charles Burnham Porter, to the Massachusetts General Hospital. After a year in Vienna he returned to Boston, and rose steadily through the various grades to become, first, the Chief of The West Surgical Service and then Surgeon-in-Chief of the Hospital. Progressive promotions at the Medical School resulted in the John Homans Professorship, a post which he held until retirement from active teaching in 1927. In June, 1915, shortly after the founding of the Society, he volunteered to serve in the First Harvard Unit in English Field Hospitals, and gained the rank of Lieutenant Colonel in the British Army Medical Corps. His great store of knowledge on surgical subjects was a constant source of attraction to his students and interns. Unpublished or forgotten tricks in diagnosis and treatment were daily demonstrated by Dr. Porter during his long hospital career. He was said to be rather dogmatic in statement. He was distinctly a man of action and like many such men found writing irksome and difficult. His literary output therefore was not as large as others with far less to contribute. He was a pioneer on the subject of major sepsis; and was considered an authority on x-ray burns, numbering among his patients many of the pioneers in Radiology. Over a period of many years he operated upon Dr. Walter Dodd a total of 40 times, before cancer got beyond even his power to help. He was also much interested in the surgery of peripheral nerves, the stomach, and was one of the first at the Massachusetts General Hospital to operate on the thyroid gland.

According to this classmate, Dr. E. W. Taylor, "if one were to attempt to state his outstanding characteristics, one would put moral and physical courage first, enthusiasm second, and a boundless friendliness third, all happily combined in an unusually charming personality". He was easily approachable and to colleagues and students was always available for advice or consultation on any surgical matter. It was with shock and dismay that at laparotomy on July 3, 1931 an unsuspected unresectable carcinoma of the stomach was discovered. "Ally Porter had lived a very full 65 years.

Franklin G. Balch

Not as much has been written about Franklin G. Balch - one of the penalties of surviving long after one's peak of activity. Somewhat crippled by arthritis, Dr. Balch continued to drive about in his old Buick in New Hampshire until two weeks before his death in 1958, at the age of 94.

He was the last of the Presidents of the old Surgical Review Club. He as well as Scudder appreciated that the Club was dying in the Winter of 1913-14. Like so many of our founding fathers he had attended Roxbury Latin School, Harvard College and Medical School, and then spent a year or two in training at the Massachusetts General Hospital - later to become a Visiting Surgeon. In the early days, his son Frank recalls, the Hospital would send a horse and buggy to his office and home at 279 Clarendon Street to carry him to the Hospital for Emergency cases. He travelled, as did so many others, to outlying hospitals; and often operated in private homes, providing his own sterile supplies and instruments, and his own operating nurse. He was one of the first to perform prostatectomy via the perineal route, and was a founding member of the American Urological Association.

In 1903 Dr. Balch moved to Jamaica Plain and the newly founded Faulkner Hospital, as the first Surgeon-in-Chief. This post he held for 28 years - and there followed another 28 years as Consulting and Honorary Surgeon. As a Trustee, he served the Hospital a total of 38 years; and it is said "No name in the history of the Faulkner Hospital is more identified with the Hospital than is that of Franklin G. Balch". His contributions to Surgery extended far beyond the walls of the Faulkner. In 1917 he organized and led a Red Cross Unit to Halifax Harbor where a munitions ship had blown up in a great explosion, injuring hundreds; and in World War I he organized Base Hospital 55 in France, composed of his young surgical associates and hospital nurses.

He, too, was a man of action, and left few papers in his wake. One of his contributions is a chapter in Francis Palfrey's "The Care of the Patient". Always kind and thoughtful, not only to his patients, but also to his Interns and Residents, he was referred to affectionately as "Daddy Balch".

Robert B. Greenough

Because of his ability to cover so much ground, the position of short stop must go to Bob Greenough. Our amazing field general, playmaker, and executive extraordinary was known personally to several here tonight. After travelling the route of training, usual for our team of stars, at the cum laude level, he, in 1897, became apprenticed to John Collins Warren. He early became interested in surgery of cancer, particularly of the breast, and at the Massachusetts General Hospital refined Rodman's technique of radical mastectomy. He took an interest in trying to sharpen the criteria of operability to avoid needless operations. Tumors of bone, the mouth, and neck were classified and the appropriate sequence of biopsy and resection described. He was always concerned with defining the relationship of radiation therapy and surgery.

Although Dr. Greenough was one of the real authorities on Cancer in the Country, as a general surgeon he was given comparatively little recognition. He was an organizer and executive, and his own studies and researches were chiefly of a statistical sort; and, like Codman and Scudder, he was interested in end-results and the factors influencing them. As early as 1902 he became Secretary under Herbert Burrell, of the Committee on Surgical Research at Harvard Medical School; and in 1909, as Executive Secretary, he, with John Collins Warren, established the Cancer Commission of Harvard University. This commitment was to last 25 years. With Dr. George Holmes he organized the first Tumor Clinic at the Massachusetts General Hospital; and in 1912 he took an active part in staffing the Collis P. Huntington Memorial Hospital for Cancer Research. Here he remained a Director for 20 years. With Dr. George Bigelow in 1927, he played a leading role in establishing the Pondville Hospital, and was largely responsible for choosing the original surgical and medical staff there.

Small wonder that this man of ability and charm should become involved in many Surgical Societies. He served as President of the American College of Surgeons, Massachusetts Medical Society, Boston Surgical Society, and Secretary of the American Surgical Association. As President of the American Society for the Control of Cancer he travelled extensively and wrote voluminously. His workday began at 5 o'clock in the morning; and many of his contributions, carried on into late life when he was suffering from angina pectoris, might well be classified as public service.

Howard Lothrop

In left field you will note the versatile Howard Lothrop. It is with this member of the Incorporators that I have had most difficulty uncovering personal data - perhaps because he never married. For many years he made his home with his mother at 101 Beacon Street, and at the time of the demise of the Surgical Review Club, he served as Secretary of that organization. Lothrop also followed the pattern of Roxbury Latin School, Harvard College magna cum laude, and A.M. and M.D. from Harvard Medical School in 1891, and then a year as House Officer at the Massachusetts General Hospital. Thereafter he became associated with the Boston City Hospital, where he rose through the ranks to become one of its most active surgeons, contributing papers on a wide range of subjects. He described two cases of Filariasis, the treatment of Hypospadias, bilateral subclavian aneurysm, volvulus of the ileum, cleft palate, forward dislocation of the knee, fracture of the upper two thirds of the humerus, frontal sinus suppuration with results of a new operative technique - to mention but a few of his contributions. In 1928, at age 63, while removing a dressing, he scratched his right hand with a safety pin, resulting in an ascending infection in the arm. It was necessary to amputate the arm in 1928, but he was so profoundly septic that he failed to survive.

James S. Stone

At 53 State Street in November 1914 also was James Savage Stone. His education, too, had been standard for the group, and after a House Officership at the Massachusetts General Hospital, he spent some time at the Boston Lying-In Hospital. The following 30 years were devoted to the Boston Children's Hospital. He rose to the rank of Surgeon-In-Chief at the Children's and Dr. William Ladd was later to describe him as "a leading, almost the pioneer, specialist in the surgery of children". The growth of that institution over this 30 year period was in large measure due to his farsightedness and unselfish devotion. It was said that his ability to make friends with the sick child of any class or age, aided by his exceptionally keen clinical judgement and wide experience, often allowed him to arrive at a correct diagnosis when others failed. His good nature and sense of humor and his sympathetic relationships with staff, interns and nurses made association with him a privilege. His contributions to the literature on surgical diseases of children were extensive.

As President of the Massachusetts Medical Society he inaugurated new policies thought to be so important that he was asked to serve a second term. And when the position of Executive Secretary was created in that organization, he, on retirement from the Children's, held that office until the time of his death in September 1929.

John Bapst Blake

Bapst Blake is another outfielder about whom it has been difficult to gather information. Although the father of seven children, he was modest to the point of hiding his own light. As the editor of the History of the Boston City Hospital to 1904, he had little to say about his own contribution, and this early photograph was found on one of the back pages of this volume.

After Harvard, Dr. Blake trained at the Boston City Hospital interspersed with a year in Vienna with Billroth and Von Eiselsberg. He opened an office at 178 Beacon Street and joined the celebrated Staff of the Boston City Hospital in 1895. In 1911 he assumed the position of Surgeon-in-Chief at the City, a position he held until 1922 when ill health forced retirement.

At the Medical School, Bapst Blake rose to the position of Assistant Professor of Surgery, at a time when full Professorships were limited. He took great interest in Surgical teaching, and with Herbert L. Burrell introduced the method of case teaching at the Medical School; and with Dr. Burrell coauthored a book on "Case Teaching in Surgery".

With Dr. Walter B. Cannon, in the early days of X-ray, he carried out investigations on the effects of gastroenterostomy on intestinal motility. The subjects were cats, studied before and after operation by use of the opaque meal. This was one of the early contributions in this field, and attracted a great deal of attention.

Bapst Blake also served as a Visiting Surgeon at the Long Island and Saint Elizabeth's Hospitals; and he was a member of many Societies. Fond of the outdoors, he was also a poet of some note, and wrote a rather lovely sonnet entitled "To the City Hospital". He was completely unselfish, and contributed greatly to the life of students, interns, and staff alike, in a quiet, sustained way. The "Association of House Officers" at the Boston City Hospital is largely the result of the initiative of John Bapst Blake.

Time does not permit recording further details of the 63 years of this Society. Needless to say it prospered. In the early days alternate meetings were held at the various Hospitals around town; and these consisted of Operative Clinics where staff surgeons displayed their prowess. Evening meetings were held at the homes of the Presidents, and later, at the Tavern Club, Ware Hall in the Boston Medical Library, and the Academy of Arts and Sciences on Newbury Street. Regular meetings have been held at the Harvard Club since 1947. A review of the subject matters discussed, as recorded by the Secretaries over the years, provides an impressive revelation of the development of Boston and American surgery by outstanding surgeons. After World War I members of the Chirurgical Society of Boston gradually found membership in the Society, in-eluding Dr. Lahey in 1920. And after World War II, Drs. Cattell, Churchill, Taylor, Soutter, and others were instrumental in enlarging the Society from the original small club-like atmosphere to a Society of tremendous value to all Surgeons who practice in the City of Boston, as well as their residents and friends.

No sketch of the early history of the Boston Surgical Society would be complete without a word regarding the Award established in honor of Henry Jacob Bigelow. Not only has this medal honored the name of Bigelow and brought recognition to its outstanding recipients, but it has also reflected worldwide distinction on the Boston Surgical Society. In its 60 years of existence 14 master surgeons have been honored with the Bigelow Award. It was on June 6, 1921 in Jordan Hall, with 1,000 members and honored guests on hand, that the first award was presented to William J. Mayo by none other than George Howard Monks. In 1947 on the occasion of the award to

Elliot Cutler, shortly before his death, former recipients Rudolph Matas, Allen Whipple, and Frank Lahey were on hand.

And it was that "neglected Innovator" again who had conceived the idea. In March 1915, when the Society was only three months old, Monks broached the subject of honoring Dr. Bigelow to his son, Dr. William Sturgis Bigelow: "The thought evidently pleased him for he at once volunteered to furnish the funds necessary for that purpose ($5,000), resulting in national and international recognition of the Society". Obviously another "strike" for George Howard Monks.

Henry Ford once said: "History is bunk". I don't believe it. History is sobering, yet stimulating. It puts our present activities in perspective. The Boston Surgical Society does have a rich heritage; and we must keep asking ourselves "Are we as committed, are we as contributing as those who have gone before?" One of my most esteemed teachers in Surgery, Dr. Reginald Smithwick, in his address in 1962 said "It is an honor to be a member of the Boston Surgical Society". Surely, it is more than an Honor!

But in closing, I will say it is a very great Honor to be your President over the past year, and for this I thank you most sincerely.

CHAPTER II

THE BOSTON SURGICAL SOCIETY, INC.[1]

The Surgical Review Club, whose program was probably similar to that of the original Boston Surgical Society, kept no minutes or record of its proceedings. Thus, little is known about this Club, its origin, or its purposes. Certainly it must have been active for a number of years, thus precluding the need for any local surgical society. However, according to a letter written by the late Dr. Charles L. Scudder[2] on March 31, 1913 to Dr. Howard A. Lothrop, Secretary of the Surgical Review Club, the Club was in danger of dying a "natural death" because it had ceased to satisfy the desires of the membership. Dr. Scudder proposed the establishment of a formal surgical society of Boston. Because today's Society was founded as a result of this letter and because the general pattern for the conduct of the affairs of the Boston Surgical Society, Inc. are, over a half century later, essentially as outlined in the letter, it is included in its entirety:

> Dear Dr. Lothrop:
>
> As Secretary of the Surgical Club, I am writing to you to make a proposal, and I hope that it may seem wise to present this proposal before the Club at the first meeting in the Fall.
>
> As I have watched the Club develop and have watched the meetings from year

---

[1] The second Boston Surgical Society was incorporated. Therefore to distinguish it from the first it was always identified as "The Boston Surgical Society, Inc."

[2] First Chairman of the Committee on Fractures, later the Committee on Trauma, of the American College of Surgeons (1922). The College's annual oration on trauma is named in his honor.

to year, it has occurred to me that before long the Club may die a natural death. As we get older and become more busy, or become interested in special lines of surgical work, it may become more difficult for the active meetings of the Club to be maintained. I think that it might be a good plan if we could turn the Surgical Review Club into the nucleus for a Surgical Society of Boston, with a President, Secretary, Treasurer, and Executive Committee, inviting other surgeons to become the Charter Members of such a Society, the object of the Society to be a private, good, solid Club made up of the best surgeons in Boston actively engaged in practice. The Society would have stated meetings during the Winter, at least as often as once a month. At these meetings papers would be read, cases be shown, clinical experience be reported and pathological specimens be shown, the Society including genitourinary members, obstetrical members, gynecological members, and orthopedic members, as well as general surgical members.

Then it occurred to me that it might be wise for this society to have, once a month, a clinical meeting at one of the many hospitals with which its members might be connected. For instance, one morning in October, a meeting at the Massachusetts General Hospital, in November at the City Hospital, in December at the Carney Hospital, in January at the Free Hospital for Women, and one morning at the Children's Hospital, etc., etc., all the details to be arranged for by the Committee. Men from the outside, surgeons of note, as

> opportunity permits, might be invited to attend the regular meetings of the Society.
>
> By such an organization it seems to me that the best of the surgical profession here in Boston could have an organization which would be representative, and by its clinical meetings we could come to know something about each other's work, of which at present we know comparatively little. My idea would be that the Society would be as representative of Boston Surgery as is the Chicago Surgical Society, or the New York Surgical Society, or the Philadelphia Academy of Surgery. This need not in any way interfere with the present organizations.
>
> I make this suggestion that it may be talked about, and mulled over, by the members of the Club, and be gossiped about. I don't know that all will fall in with the suggestions, but it does seem to me a happy solution of the present situation.
>
> Very truly yours,
> (signed) Charles Scudder

Having secured an appropriate name for the new society, the next step was its organization. The stated purpose of the new society was "for advancement of science and the art of surgery and the cultivation of cultural and social relations between the members," a heritage in the best Boston tradition.

The first meeting of the incorporators was held on November 25, 1914 at the office of Arthur D. Hill, 53 State Street, for adoption of bylaws and arrangements for incorporation. The nine incorporators were: Drs. George Monks, Robert B. Greenough, Charles L. Scudder, Franklin G.

Balch, Howard A. Lothrop, John F. Bottomley, John Bapst Blake, Charles A. Porter, and James S. Stone. It is apparent from the minutes of the first meeting that a tremendous amount of time and thought had preceded it. The bylaws had been spelled out with infinite care and in great detail. The makeup and dates of the Executive Council were outlined in a manner to insure continuity of survival of the affairs of the Society. Doubtless the social development and success were due to the manner in which the Executive Council was organized. The original bylaws provided for the election of a President, Vice-President and a Secretary-Treasurer to hold office for two years. These officers together with the outgoing President and five additional members constituted an executive council which was responsible for the conduct of the affairs of the society. At the next meeting of the incorporators, Dr. George H. Monks was elected President, Dr. Robert B. Greenough, Secretary-Treasurer and Dr. Charles L. Scudder, Vice-President. Those elected to the Executive Council were Dr. Franklin G. Balch for one year, Dr. John Bapst Blake for two years, Dr. John T. Bottomley for three years, Dr. Charles A. Porter for four years, and Dr. James S. Stone for five years. Thus eight of the nine incorporators formed members of the first Executive Council.

At the first meeting of the Executive Council after incorporation, held on December 28, 1914, ten members of the so-called Review Club were proposed for active membership. A second group containing 19 names were also proposed for active membership. A third group containing 16 names were proposed for honorary membership, the other class provided for in the bylaws. All of these candidates were elected at the first stated meeting of the Society on January 4, 1915. Thus one month after its official incorporation, there were 38 active members, including the 9 incorporators and 16 honorary members. Many of these members are familiar even today and may be known personally by today's senior members. "Surely one could not have selected a more distinguished group of surgeons from any other city in the United States in 1915."

Meetings of the Boston Surgical Society, Inc., were held on the first Monday of October to April inclusive. The pattern was to have evening meetings at which papers were presented by members or guests followed by discussion. These were to alternate with monthly clinical meetings at one of the Boston hospitals at which operations would be performed followed by the presentation and discussion of the cases. At the beginning of each of the meetings an executive session for members only was usually held to transact the business of the Society.

Meetings of the Executive Council were held as a rule at the home of the President of the Society in the late afternoon. The Council made its own rules as to the frequency of meetings.

According to the original bylaws of the Boston Surgical Society, Inc., Article II, the membership of the Society was to be limited to 50. The initial group of members included the nine incorporators named above. Also included in the initial group of members whose names are listed as possible candidates for membership was a group prepared by the committee of the Surgical Review Club. This group of 10 candidates were: Drs. G.W.W. Brewster, Farrar Cobb, E.A. Codman, Harvey Cushing, Lincoln Davis, William E. Faulkner, W.P. Graves, J.C. Hubbard, D.F. Tones and F.B. Lund. Honorary membership, which was the other class of membership approved in the initial bylaws, included 16 Boston very senior Boston surgeons. Additional candidates approved for membership included: Drs. Elliott G. Brackett, Hugh Cabot, F.J. Cotton, J.E. Goldthwait, Edward H. Nichols, Robert B. Osgood, P. Thorndike, and William F. Wesselhoeft.

Despite the fact that attendance was taken at many of the early meetings, Article IV, Section 2, of the bylaws was changed at a meeting on January 3, 1916. Instead of 15 members constituting a quorum, the Article is amended to read: "Ten active members shall consist in a quorum." It is difficult to single out who were the most faithful among the members in their attendance, but certainly Drs. Monks, Scudder, Porter, Greenough, and Blake were among the most faithful. At the meeting of the Executive Council on October 23, 1916, the following were nominated for active membership and were elected at the stated meeting of the Society on November 16, 1916: Drs. E.A. Crockett, H.T. Hartwell, H.B. Loder, D.F. Mahoney, W.J. Mixter, H.P. Mosher, R.P. O'Neil, E.P. Richardson, S. Rushmore, and R. Soutter. Of interest is that Drs. Loder and Rushmore were the first of the original Boston Surgical Society group to be elected to the newly established Boston Surgical Society, Inc. This brought the total membership to 48. At the stated meeting of the Society on January 10, 1917, several amendments were made in the bylaws, the most interesting one of which was Article IV, Section 5, to read: "The unexplained absence of an active member from three consecutive meetings of the Society, provided notice has been given to him by the Secretary after his second absence, shall be considered the equivalent of his resignation and shall be acted upon by the Executive Council."

The Boston Surgical Society, Inc., early took notice of the qualifications of persons for membership in the American College of Surgeons and at the meeting of December 11, 1916, the Executive Council discussed the nomination of members of the Massachusetts Committee on Credentials of the American College of Surgeons. Several proposals were discussed, but no decision reached.

An apt comment of interest was made at a later meeting of the Society held on April 2,1923: "Dr.Bottomley called attention to the biographies of distinguished surgeons that are appearing in *Surgery Gynecology & Obstetrics* and mentioned the fact that biographies of no Boston surgeons had appeared."

During the year 1923, when the series "Master Surgeons of America" was begun, until its termination in 1923, a total of 15 distinguished Boston surgeons were cited. The first of these, Dr. Arthur Tracy Cabot appeared in 1924, and the last, Dr. Charles Allen Porter, in 1932. Most of the surgeons whose biographies were recounted were active during the 19th century and the early years of the 20th. These were : Arthur Tracy Cabot and Henry Jacob Bigelow (1924), John Warren (1925), John Collins Warren and Herbert Leslie Burrell (1926), Jonathan Mason Warren, Maurice Howe Richardson, Edward Hickling Bradford, Samuel Jason Mixter, and John Howard (1927) David William Cheever and Charles Burnham Porter (1926), John T. Bottomley (1930), John Collins Warren (1931), and Charles Allen Porter (1932). Doctors Bottomley and Porter were the only members of the Boston Surgical Society, Inc.

Despite the almost coincident birth of the Boston Surgical Society Inc., and the American College of Surgeons, it was not until years later on December 13,1954, that Article II of the bylaws was amended to require fellowship in the College as a requisite for membership in the Society. On that date, also the Society voted to require certification by the Board of Surgery or a specialty board as being necessary for membership. These provisions were not to be retroactive nor to pertain to the candidates up for election at the current meeting.

At the meeting of the executive council on February 23,1917, the matter of inviting guests to the meetings was discussed. It was voted that each member had the privilege of inviting one guest upon notification of the Secretary, but that the invited guests at the clinical meetings be limited to colleagues on the staff of the hospital at which the meetings took place. Visitors to Boston could be invited. These stipulations were indicative of the continued exclusiveness of the Society.

At the regular meeting of December 6, 1920, three names were proposed for membership. The third vacancy was open because Dr. Monks was promoted to honorary membership at his request, so that three new members could be chosen. These were: Drs. F.H. Lahey, C.G. Mixter, and W.C. Quinby, all of whom received the necessary two-thirds affirmative vote and were declared active members of the Society. Dr. Lahey was the third of the members of the first Boston Surgical Society to be elected to the new organization. By November 1,1921, four vacancies in the active membership list came open and the following were voted to active membership at the stated meeting on December 5,1921: Drs. J.E. Briggs, E.C. Coulter, and R.H. Miller. By the time of the stated meeting on December 4,1922, there were two additional vacancies in the membership. The names of Drs. William E. Ladd and Wyman Whittemore were proposed and they were elected to membership. At the same time honorary membership was conferred on Dr. William W. Keen of Philadelphia, recipient of the Bigelow Medal. Honorary membership had previously been conferred on Dr. William J. Mayo, who was the first recipient of the Bigelow Medal. A major change in the bylaws concerning membership was voted on by the Society on February 5, 1923, in which three classes of membership were proposed : active, senior, and honorary. The number of active members remained limited to 50, however. Article II of the bylaws then read as follows:

Section 1: There shall be three classes of members; active, senior, and honorary. The number of active members shall be limited to 50.

Section 2: Surgeons who have had 5 years service on the staff of an accredited hospital of Boston or elsewhere shall be eligible to election as active members.

Section 3: Any active member at his own request and without approval of the Executive Council may become a senior member. Senior members shall not vote and shall not pay dues, but may take part in the scientific work of the Society. Senior members shall not be eligible to office.

Section 4: Any distinguished surgeon whose name shall have been approved by the Executive Council, whether or not a resident of the city of Boston, may be elected an honorary member by a unanimous vote at any meeting of the Society.

Thanks to the placing of the three older surgeons on the senior list, the following were proposed for membership and elected at the meeting of December 3,1923: Drs. Nathaniel Allison, Horace Binney ,and George A. Leland, Jr..

By the time of the meeting of December 1, 1924, two vacancies existed which were filled by Drs. A.W. Allen and H.F. Hutchins, who were duly voted upon by ballot and elected unanimously.

Three vacancies were open on December 7,1925 at which time Drs. Robert C. Cochrane, Archibald McK. Fraser, and Edward L. Young were elected to active membership. This was possible because three of the older members had been placed on the senior list at their own request. A paragraph in the Minutes of the Executive Council dated January 12,1926, is rather interesting:

"The attendance at the meetings of the Society was discussed and it was suggested that the President talk personally with Brackett, Newell, Mosher, and Williams relative to their becoming senior members, thus creating vacancies to be filled by some of the younger surgeons. The Secretary was instructed to call attention to certain of the younger men who have not been regular in their attendance to the fact that they may be expelled from the Society."

Further vacancies occurred in late 1926. The names of George D. Cutler, Ernest M. Daland, Somers Fraser, Otto J. Hermann, Gilbert Horrax, and Frank R. Ober, were recommended to the Society for election as active members and elected at the meeting of December 6,1926.

Membership in the Boston Surgical Society remained restricted to 50 active members for over a dozen years until pressure for new members added an awareness of the fact that the Society was not as active as it should be in the surgery of Boston. Therefore, at a meeting of the Executive Council held at the office of Dr. J.C. Hubbard on Tuesday, November 22,1927, the following statement is recorded in the minutes: "The meeting concerned itself with a discussion of the problem of membership in the Society, together with the advisability of creating vacancies for new members by asking certain of the active members to allow their names to be entered on the senior list. The feeling was rather general that this method of creating vacancies was on the whole unwise. Severe criticism of this policy regarding older members was contained in a letter to the Secretary, Dr. William Quinby, dated November 11,1927, and signed by Doctors David Cheever, Lincoln Davis, and Robert B. Osgood.

November 11th, 1927

Dr. William C. Quinby, Secretary
The Boston Surgical Society
Peter Bent Brigham Hospital
Boston, Mass

Dear Dr. Quinby:

The Nominating Committee appointed by the President have apparently, according to the By-Laws, no duties except to appoint one member of the Executive Committee for five years. We would suggest the name of Dr. Horace Binney for this office. The other officers hold over for two years, accordingly to the By-Laws.

The Nominating Committee have been asked by the Secretary to pass on the names of candidates proposed by the Council. In this connection they have discussed the purpose and present status of the Society and have been bold enough to ask you to lay before the Council certain suggestions which in their opinion would add to the strength, activity and usefulness of the Society. They feel the Society is not as active as it should be and does not take the place in the surgery of Boston which it ought to take. The suggestions which we make are as follows:

1. That Section 1 of Article II of the Bylaws be again amended by changing the last word in the section which is “fifty,” to “seventy-five,” so that the section shall read, There shall be three classes of members, active, senior and

honorary. The number of active members shall be limited to seventy-five."

2. That the first sentence of Section 3, Article II, be stricken out and the following sentence substituted: "Active members of the Society shall automatically be placed on the senior list at the age of sixty. A Fellow may at his own request be placed on the senior list if the Council so recommends."

3. That an entirely new section be added to Article II, probably following Section 5, to read as follows: "there shall be an associate membership in the Society, to consist of younger surgeons who have been graduates of medicine for at least five years. Associate membership shall be for five years and at the end of this period the Council shall recommend to the Society that either (a) the associate member shall be reelected as an associate member, (b) the associate member shall be elected to active membership or (c) the associate member shall be dropped."

The Nominating Committee feels that it is unfortunate to place on the senior list by suggestion of the Council without receiving a definite request of the active member, men who are still active in practice and hospital work, and that if the Society should vote to increase its membership, those members who have during the last two years been placed on the senior list, if they are under the age of sixty, should be asked to resume active membership, unless they personally desire to be placed on the senior list.

The Nominating Committee suggest that the present active membership of the Society should be filled to its fullest extent and in addition to the five candidates approved by the Executive Council, they recommend that the following men on the waiting list be approves by the Executive Council:

Philip D. Wilson
Donald Munro
John H. Cunningham
Arthur R. Kimpton
Francis C. Newton

Very sincerely yours,

David Cheever
Lincoln Davis
Robert B. Osgood

A special meeting of the Boston Surgical Society, Inc., was called for November 28,1927, at the Peter Bent Brigham Hospital "to discuss the matter of membership in relation to the constitution and in regard to the suggested changes proposed in the letter from the Nominating Committee."

1. It was voted on motion of Dr. Cheever duly seconded that the sentiment of this present meeting is that the number of active members shall be limited to 75.

2. It was voted on a motion by Dr. Davis duly seconded that an associate membership be established and that associate members be subject to the usual dues but be exempt from initiation fees and have no vote. Temporarily tabled-later accepted.

3. It was voted on motion by Dr. Osgood duly seconded that members of the active list be automatically retired

to the senior list at that age at which the individual member's active hospital work ceases.

4. It was voted on motion by Dr. Greenough duly seconded that Article IV, Section 5, of the bylaws be amended to read as follows: "The unexplained absence of an active member from three consecutive meetings of the Society, provided notice has been sent to him by the Secretary after his second absence, may result in his name being placed on the senior list at the discretion of the Executive Council."

At the annual meeting on December 5,1927, held at the St. Botolph Club the Society approved in an affirmative vote of the recommendations of the Committee, including the transfer of an active member to senior membership when his hospital work ceased. The Society also voted that active membership be increased to 75, but the proposal for associate members and the dropping from membership for failure to attend three consecutive meetings were placed on the table.

The distinguished Boston surgeons elected at the annual meetings during the next two decades are recorded in the earlier history (1978).

The second mention of increasing the membership in the Boston Surgical Society, Inc., is recorded in the minutes of the meeting of the meeting of the Executive Council on November 8,1940. The increase from 50 to 75 had been voted in 1927. The new move was stimulated by a letter from Dr. Henry Marble proposing the eligibility of surgeons from out-of-town hospitals. Excerpts from the letter are as follows:

> Within the radius of about 15 miles of Boston there are many hospitals tending to serve a local community. During the past 10-15 years there seems to have been an effort on the part

> of these hospitals to put their surgery on a higher plane.
>
> If it is the purpose of the Boston Surgical Society ,Inc. to encourage such clinical developments, it would seem to me that certain of the surgeons in these hospitals might properly be proposed as members. It would also seem to me that if this were done, the Chiefs of Services in other hospitals might make an effort to improve their work so that they also might be eligible to membership in the Society.

The Executive Council decided that the election of such men would depend on the formulation of a policy by the Society at large. Action on the names suggested by Dr. Marble was deferred until the Society should have an opportunity to express an opinion on the desirability of such a step. It was agreed to bring up the question at the December meeting of the Society.

Dr. Marble's letter was read and discussed, but no action was taken at the December 2,1940 meeting. The matter of membership was not discussed again until a meeting of the Executive Council held at the Harvard Club on January 15,1946, with Dr. Donald Munro presiding. The following changes in the bylaws were proposed for presentation to the Society:

Article II, Section 1, shall read: "There shall be four classes of members, active, inactive or senior, associate, and honorary." The second sentence of Section 1, having to do with limited membership was to be omitted. Article II, Section 2, will read: Surgeons who have had 5 years' service on the staff of an accredited hospital in Boston or elsewhere and who are now on the active staff of a Greater Boston hospital shall be eligible to election as active members," and Article IV, Section 1, shall read: "The stated meeting in December shall be the annual meeting." The remainder to be omitted.

At an Executive Session of the Society held at the Harvard Club on April 22,1946, the recommended changes in the bylaws were presented and, after a brief discussion were accepted by a unanimous vote. By this action the membership was no longer restricted and the size of the Society increased rapidly with elections held at the annual meetings in December.

Added to Article III, Section 3, on November 18,1946, was the following: "Senior or inactive members shall pay no dues and shall not be eligible for office, but may vote and take part in the scientific work of the Society."

On December 6,1946, 29 candidates were elected to membership. On December 1, 1947, 21 candidates were elected at the annual meeting, on December 6,1948, 8 candidates, on December 12,1949, 7 candidates, and on December 11, 1950, 13 candidates. That the proposal of candidates of membership in subsequent years be initiated by the Secretary was discussed favorably by the Executive Council at the meeting of January 9, 1953. The motion was not incorporated into the bylaws until December 1956. The amendment to Article II, Section 8, to read:

> Prior to October 1 of each year, applications for membership must be in the hands of the secretary. The secretary shall send to each active and senior member, before October 25, the names of the applicants who seem to be suitable for membership. Members who have comments pro and con on a candidate should mail them to the secretary before November 7th. Following this date, the Executive Council will compile a list of candidates to be voted on at the Annual Meeting and mail it to each member.

This practice concerning candidacy has been followed to date.

During the last two decades there has been growing concern about the eligibility of surgeons for *active* membership not on the staff of a Boston hospital or medical school. At an Executive Council meeting on October 18,1954, "It was agreed to drop the time and geographical requirements in Section 2 because the former is covered by certification and the latter is not only difficult to define, but limits the Society from having qualified surgeons who will be within commuting distance of Boston from participating as active members in the Society affairs. Further provisions as to character and the making of some contribution to the advancement of the art of surgery were included so that those who make the contributions to the literature at the meetings of medical societies or the teaching or improvement of surgical standings in their own community would be particularly qualified." These provisions were approved by the Society on December 13,1954. However, four years later the Executive Council made the following proposals which were passed at the annual meeting on December 18,1958. To be considered eligible for active membership: "He must have an unqualified professional record in his community and must have made some significant contribution to the advancement of the art of surgery *in a Boston hospital or medical school* or affiliated institution." Also proposed was that "Distinguished physicians in fields closely related to general surgery and *distinguished surgeons living outside of Boston* may be elected to associate membership in the Society.

Because these provisions excluded from *active* membership many highly qualified surgeons practicing in suburban communities, another revision of the bylaws was proposed by the Executive Council to clarify the definition of membership. It was passed at the annual meeting on December 13,1976: "Associate membership to be eliminated so there will be only four classes of members-active, nonresident, senior, and honorary."

In addition, the membership section of the bylaws was altered to delete the requirement of "on the staff of a Boston teaching hospital or medical school, etc.", substituting "He must have an unqualified professional record and must reside in the Boston area."

It was soon realized that many surgeons who were qualified and in many cases had spent years in training or practice in Boston were located in communities beyond the Boston suburbs and even beyond Massachusetts state lines. Accordingly, after due discussion by the Executive Council and the membership, the bylaws were once again changed at the annual meeting of December 3, 1993 to state in Article II, Paragraph 2, Section 3 that active members "must have an unqualified professional record and must relate their practice and/or academic activities to the Massachusetts area and surrounding states." A mission statement of the Boston Surgical Society was also approved, as follows: "A regional organization of practicing surgeons who meet to learn and exchange views on historical or contemporary topics in surgical care, research, socio-economic issues and the role of surgeons in the greater society."

The limitations on membership and the attendance requirements which were part of the original bylaws had thus been removed by a series of amendments beginning in 1946. The result was a significant increase in the size of the Society quite in keeping with the increase in the number of surgeons on the staffs of Boston hospitals and medical schools, as well as the wider surrounding area. The latest changes in membership requirements were an enlightened move to recognize the great value of collegial interchange among surgeons with ties to Boston. The membership in 2001 was: active 362, senior 159, nonresident and honorary 32.

In 1998, the council voted to make an outright gift of the archive records of the Boston Surgical Society, Inc. to

Countway Library of Medicine, with transfer of legal title to the library. Members would retain access to all records without fee under this agreement. The materials gifted included correspondence on the history of the Society, information pertaining to business and executive council meetings from, officers and membership, finances, materials relating to the Bigelow Award photographs.

CHAPTER III

THE BIGELOW MEDAL

At the meeting of the Boston Surgical Society of March 1,1915, held at the Boston Medical Library, the following letter was read by Dr. George Monks[1], Chairman, from Dr. William Sturgis Bigelow. The letter heading read 56 Beacon Street, Boston, dated February 20,1915.

> Dear Dr. Monks:
>
> Referring to the subject of our conversation, I should state the case as it lies in my mind approximately as follows:
>
> I should like to establish a prize in the form of a gold medal to be called the Henry Jacob Bigelow Medal for new and valuable work in surgery or connected with it.
>
> The medal is to be awarded by the Boston Surgical Society, of which you are now President, at suitable intervals.
>
> These intervals I should think had better not be rigidly fixed, but left to the discretion of the Society with perhaps certain outside limitations as, for instance, no less than 3 or more than 5 years.
>
> The choice of the recipient, as well as the details by which the choice is made, I think had better be left wholly to the discretion of the Society.
>
> I have inquired of a well-known man of business what the most practical way is of establishing and maintaining a fund for this

---

[1] To Monks goes the credit for suggesting to Dr. William Sturgis Bigelow that a prize be given in memory of Dr. Henry Jacob Bigelow and to him also goes the credit for selecting the sculptor, Mr. David V. Brenner of New York City, who designed the medal.

> purpose, of which the interest should be used and am told that a trust company would be the best custodian from every point of view. I am ready to establish an adequate fund if the Boston Surgical Society is willing to undertake the award of the medals.
>
> Will you kindly submit this matter to the Society or any members of it as an informal proposition? I should be very glad to hear of any amendments which may be suggested.
>
> Very sincerely yours,
> William Sturgis Bigelow

Dr. Scudder spoke briefly of the importance of the gift to the Society and offered the following motion:

> That this trust be accepted, and that the Council of the Society be required to forward an appropriate letter of acceptance to Dr. William S. Bigelow, the donor, expressing the appreciation of the Society.
>
> And that the Council formulate the conditions concerning the award of a medal after proper discussion by the Society shall be submitted to Dr. Bigelow for his approval.

Dr. Paul Thorndike spoke of the gift as a fitting tribute from a generous son to a famous father and stated that the Society should feel itself honored to be named the administrator of such a gift. He seconded Dr. Scudder's motion and stated that he hoped the Council would take every care to invest the gift with the dignity and authority its importance deserves.

Dr. Monks spoke of some of the conditions which would have to be considered by the Council in determining the rules for the award of the Medal and Dr. F.S. Watson (honorary member) paid a warm tribute to Dr. Henry Jacob Bigelow both as a teacher and as a surgeon.

The motion was then put to a vote. It was unanimously carried.

At this same meeting, Dr. Mönks then presented for consideration the conditions of the award of the Bigelow Medal. There was discussion of these conditions and it was recorded as the opinion of the Executive Council that the award should be given without competition to the surgeon in North and South America and the territorial possessions of the United States, whose contributions to the science and art of surgery in the opinion of the Executive Council of the Society are of the greatest value and that the award should be made at intervals of from 3 to 5 years.

At a meeting of the Executive Council on May 27,1915, Dr. Monks gave a report on progress in the matter of the Bigelow Medal and on that of an official seal of the Society. He was to continue his investigation and report at a later meeting. At a meeting of the Executive Council on October 18,1915, Dr. Monks reported that a deed of trust had been given to Dr. Bigelow and $5,000 paid to the trustees for the maintenance of the Henry Jacob Bigelow Medal. He read letters from Dr. William Sturgis Bigelow and a copy of the Deed of Trust.

Discussion followed upon the possible use of the surplus income over and above the amount needed for the presentation of the Medal. A number of suggestions were received and it was finally agreed that the matter be left for the present for a discussion with Dr. Bigelow. At a meeting of the Society on November 1,1915, Dr. Monks reported to the Society the receipt of a copy of the Deed of Trust signed by Dr. William Sturgis Bigelow and the New England Trust Company by which the income of $5,000 gift was placed at the disposal of the Society for the maintenance of the Henry Jacob Bigelow Medal. At the meeting of February 28,1916, Dr. Monks spoke of the difficulties encountered in an attempt to change the provisions of the trust fund of the Bigelow Medal in such a way as to make available the use of surplus income for surgical research or other purposes. After some discussion it was the informal agreement of the Committee that some evidence be obtained of Dr. Bigelow's desires and that the surplus be made available. Further conduct of the negotiations with Dr. Bigelow was entrusted to Dr. Monks.

Not only did William Sturgis Bigelow establish the Bigelow Medal for the Boston Surgical Society, Inc., he was also a perceptive connoisseur of Japanese art and one of the leading contributors to the Japanese collection of the Boston Museum of Fine Arts. After graduation from the Harvard Medical School in 1874, Bigelow spent five years in Europe for further medical study, in Paris with Pasteur and with others elsewhere in Europe. His father wished him to take a post of surgeon at the Massachusetts General Hospital, but his temperament was too "sensitive" to make patient care attractive to him. However, on his return he did set up a private bacteriological laboratory in Boston, but showed no interest in the practice of his profession.

In 1881, Edward S. Morse, a zoologist, delivered the Lowell Institute Lecture series on the traditional culture of Japan. He had gone to Japan to study brachiopods of the Pacific, but remained to establish a museum of natural history at the new Imperial University. His lectures attracted the attention of many Bostonians including Bigelow, who then accompanied Morse to Japan in 1882. He remained there for seven years. Morse returned and later became Director of the Peabody Museum in Salem. Bigelow enjoyed the placid life of Japan, having found that the world was moving too fast and there was much of life in Boston that was ugly. He wrote to Morse: "The cruise to Japan was the turning point of my life."

Bigelow's visit occurred about two decades after Commodore Perry's arrival. The Japanese were rapidly discarding their traditional ideals, thoughts and habits for those of the Western world. Japanese treasures of art (swords, metal work, glass, pottery, fans, lacquer, embroidery, paintings, sculpture, etc.) were there for the asking. Within two years, 1884, Japan's National Treasures Act was passed. It required the reporting of all remaining objects of ancient art and the restriction of their export. But before this Act was passed quantities of works of Japanese art of the highest quality had passed into the hands of Bostonians and eventually came to enrich the Boston Museum of Fine Arts. A total of 14,839 objects, not including prints and sketches, were given by Bigelow alone.

One of Bigelow's close friends and fellow collectors was Mrs. John L. Gardner (Fenway Court) who went to Japan with her husband in 1883. Dr. George Monks was her nephew, a relationship which may account for his venturing to discuss with Dr. Bigelow the establishment of the Bigelow Medal award.

During his stay in Japan, Bigelow became immersed in Buddhist philosophy, always wore Japanese garments, and embraced the Buddhist faith, attaining the highest rank possible for a layman. Japanese art and Buddhism remained the guiding pursuits for the rest of his life. He was appointed lecturer in Buddhist doctrine 1908-09 at Harvard, delivering the Ingersoll Lecture on "Buddhism and Immortality." On his death half of his ashes were sent to Japan to be cared for by the priests of the temple to which he was attached.

An earlier association of Dr. Bigelow senior with the Boston Museum of Fine Arts occurred in 1876 in anticipation of the opening of the Museum. There were committee discussions whether fig leaves should be placed on statues. "The matter of putting on fig leaves was referred to Dr. Henry Jacob Bigelow of Harvard with full powers."

Apparently, Dr. Bigelow used his prestige to insure that fig leaves were in place at the time of the formal opening.

At the meeting of March 5, 1917, Dr. Monks reviewed the history of the Bigelow Medal and the conditions for the custodianship by the Society. A bronze cast of the Medal was submitted for inspection by the members. At the meeting of the Executive Council of April 18, 1917, Dr. Monks spoke in regard to the Bigelow Medal and also concerning the Bigelow Fund in the New England Trust Company, from the interest of which Fund the medals were to be paid. Certain documents concerning both the Medal and the Trust Fund were handed over to the society, to wit:

1. A copy of Dr. William Sturgis Bigelow's letter bearing the date of February 20, 1915, in which he expresses a desire to establish a prize, the Henry Jacob Bigelow Medal, to be awarded from time to time by the Society.

2. A copy of the letter of acceptance which was sent by the President at the request of the Council.

3. A copy of the Agreement of Trust, bearing the date of September 28, 1915, between the New England Trust Company and William Sturgis Bigelow concerning the establishment of a Trust Fund, from the interest of which the Medals were to be paid.

4. Original letter of Dr. Bigelow, of April 5, 1917, in which he expresses his willingness that any surplus remaining after the Medal has been paid for shall be expended for surgical research, etc., also a copy of the same[2].

---

[2] It was not until February 1935 that a Decree in Equity X263485 in Suffolk County Probate Court was obtained by the Boston Surgical Society to the effect that all or any part of the net income of the Henry I. Bigelow Trust Fund could be turned over to the Society on the request of its President to be expended for the award of the Bigelow Medal or for surgical research or for publications or for such other similar purposes as may seem to the Executive Council most appropriate. Thus ended the controversy over the use of the income of the Bigelow Fund which had existed for 20 years.

Dr. Monks announced that the die was now in his possession. He was informed by the sculptor, Mr. David V. Brenner, of 18 East Eighth Street, New York City, that a bronze replica would not cost more than $225.00. The full name of the recipient of the Medal should be given to Mr. Brenner, together with the year in which the Medal was awarded. To strike a Medal, engrave it, and generally prepare it, would take about three weeks. A bronze replica might be ordered at the same time.

Dr. Monks asked for instructions as to what he should do with the die.

Dr. Osgood moved that, if Dr. Monks learned from Mr. Brenner that the United States Mint at Philadelphia was the place where the Medal could be struck as well as a repository, the die be sent to the Mint under proper insurance, at the expense of the Society, and that Dr. Monks be given authority to act. This was seconded and voted.

It was also voted that Dr. Monks be given authority to Place the large plaster cast of the Medal in the study of the Boston Medical Library where it now resides. Bronze replicas of the Medal are said have been deposited with the Boston Medical Library and the Massachusetts Historical Society.

The Bigelow Medal conceived by Dr. Monks has been awarded to twenty eight distinguished surgeons from here and abroad.

At a meeting of the Executive Council held December 1, 1919, Dr. Monks submitted the report of the Medal Committee, which follows:

Boston, November 24, 1919

> The Committee appointed by the Executive Council of the Boston Surgical Society on October 23, 1919, to consider the question as to the first award of THE BIGELOW

> MEDAL begs to report that it has had a number of consultations and that it has reached the following conclusions:
>
> 1. That the first Medal should be awarded to an American surgeon.
> 2. That only one Medal should be awarded at this time.
> 3. That, as the first award will to a certain extent influence the opinions of surgeons throughout the country as to the real value of the Medal from a professional point of view, it is necessary to select the recipient with the greatest possible care.
>
> The Committee, having made a list of the names of a number of eminent American surgeons whose contributions to surgery have, in the opinion of the Committee entitled them to consideration, has considered them all; and it has finally reached the unanimous conclusion to suggest to the Council the name of Dr. William J. Mayo, of Rochester, Minn.
>
> Respectfully submitted,
>
> George H. Monks
> Paul Thorndike
> Charles Scudder

At a meeting of the Executive Council on April 5, 1920, it was stated that, the Society having approved the award of the Bigelow Medal to Dr. William J. Mayo, the Secretary had informed Dr. Mayo of the action of the Society, and Dr. Mayo had accepted the honor. (There had been some delay in reaching Dr. Mayo because of his absence in South America). Dr. Mayo, in accepting the award, had suggested that he would be glad to address the Society and receive the Medal in October 1920. The Medal had already been ordered to be struck at the United States Mint in Philadelphia and would probably be ready for delivery to the Society in the near future. As there would be certain expenses in connection with the arrangements for the meeting, all such expenses to be defrayed from the Medal Fund ultimately, it would make it simpler if sundry expenses were met from the treasury of the Society, afterwhich the treasury of the Society should be reimbursed by drawing on the Medal Trust Fund for a lump sum; and on motion of Dr. Chute, duly seconded, it was VOTED: That the Treasurer be authorized to draw from the funds of the Society to make payment to the United States Mint for the gold medal, the bronze replica as ordered, cases for the gold medal and its replica, printing, etc.; the treasury of the Society later to be reimbursed from the Medal Trust Fund.

At the meeting of the Executive Council on February 16, 1921, Dr. Monks stated that the Medal had been struck at the Mint in Philadelphia; that the Medal had been properly engraved with the name of the recipient and the date (1921); it had seemed proper to the Committee to present to Dr. Mayo a bronze replica (not engraved) of the gold medal; morocco cases had been made for both the gold medal and the bronze replica.

The date of the meeting for award of the Medal had been arranged with Dr. Mayo: Monday, June 6, 1921, this being the first day of the meeting of the American Medical Association in Boston; the Committee recommended that the meeting be at 6:30 p.m. The Committee was not ready to recommend any definite place for the meeting, but was considering several meeting places; a decision on any one would be determined by the number of guests to be invited. The Committee recommended that the members of the American Surgical Association be invited; and that the number present at the meeting should be limited to 150 if possible. The Committee recommended that Dr. William Sturgis Bigelow be asked to Present the Medal personally.

Dr. Lovett suggested that the members of the New England Surgical Society be invited to the meeting; and that the members of the surgical staffs of the larger hospitals in Boston be invited. At the meeting of the Society, April 4, 1921, the President stated that the date for the special meeting at which Dr. W. J. Mayo should be awarded the Bigelow Medal had been fixed: June 6, 1921, at 8:30 p.m.. The place of the meeting was still under advisement by the Committee: admission to the meeting to be by card only. It was planned to send invitations (or announcements) to the American Surgical Association, its honorary, Senior, and active fellows; the members of the New England Surgical Society; the officers of the American Medical Association; the officers of the Massachusetts Medical Society; the Regents of the American College of Surgeons; the Fellows in Medicine and Surgery of the American Academy of Arts and Sciences; the members of the surgical staffs of the various Boston hospitals; certain officers and members of the National Societies (sections of the American Medical Association) which met in Boston in early June; and the members of the Interurban Society.

On the occasion of the first Bigelow Medal award, the demand for admission taxed the seating capacity of Jordan Hall; in fact, the attendance (estimated 1,000 guests) exceeded that of any meeting of the Society "before or since." The President, Dr. Robert W. Lovett, presided. At the close of Dr. Mayo's address, the Bigelow Medal was awarded to **Dr. Mayo**[3] by Dr. Monks on behalf of the Society. The title of Dr. Mayo's address was "In The Time Of Henry Jacob Bigelow."

---

[3] William J. Mayo: Cofounder of the Mayo Clinic and Mayo Foundation for Medical Education. Skillful surgeon, contributor to the development of surgery of the stomach and other intraperitioneal structures.

In his remarks Dr. Mayo spoke at length of Dr. Bigelow:

> Henry Jacob Bigelow was the son of a distinguished physician, Jacob Bigelow. He was born March 11, 1818. After graduation from Harvard in 1833 he began the study of medicine with his father as a preceptor. From the beginning he wished to become a surgeon. He served as house surgeon at the Massachusetts General Hospital in 1838 and 1839 and received his M.D. degree in 1841. He spent some time in Hanover, New Hampshire, to attend the lectures of Oliver Wendell Holmes, who was professor of anatomy and physiology there at that time. In 1842, Dr. Bigelow went to Paris, which was regarded as the medical center of the world. The microscope had been greatly improved in France, making it possible to study bacteriology and pathology in detail. He journeyed to England once a week to see James Paget, a great philosopher of surgical science, whose book on surgical pathology has never been excelled and seldom equalled. While in Paris he contracted typhoid fever. He went to Rome to convalesce and there, devoted himself to the art of drawing. The skill he acquired added greatly to his subsequent effectiveness as a teacher.
>
> He returned to Boston in 1844. In 1846, at age 28, he was made a full surgeon at the Massachusetts General Hospital, a position which he held for 40 years. He was appointed Professor of Surgery in the Harvard Medical School in 1849, at age 31, a position he held for 33 years.
>
> Dr. Bigelow's self-confidence was remarkable. He did not hesitate to express opinions in the presence of those in high authority, and chafed at attempts to control by authority of position

> rather than by ability. He was idolized by his students and admired by his assistants as an operator, teacher, writer, and originator of surgical procedures. He made a profound impression on the surgery of his day. Among his contributions were the bloodless reduction of dislocation of the hip joint and the development of the lithotrite. He dominated the Harvard Medical School and the Massachusetts General Hospital for many years, and up to 1879 or 1880 it was within his power to make or mar the careers of the younger surgeons of Boston. He retired from the Massachusetts General Hospital in 1886 and died in 1890 at the age of 72.

Mayo called attention to Bigelow's many avocational interests and his warm friendship with Naturalist Louis Agassiz.

The second Bigelow award was presented to **Dr. William Williams Keen**[4] of Philadelphia on October 25, 1922. The meeting was held in Jordan Hall. In the audience were members and guests of the Society, but also members of the American College of Surgeons which was holding its session in Boston. The presentation was made by Dr. Harvey Cushing.

In his Bigelow Medal speech, Dr. Keen, one of America's distinguished senior surgeons, spoke on "Sixty Years Of Surgery, 1862-1922."

"My happy young colleagues, you cannot imagine the paradise you have been born with compared to purgatory in which we lived for so many years." He gave vivid descriptions of surgery of 100 years ago: sepsis, suture material, postoperative hemorrhage, etc. He quotes Charles

---

[4] Professor of Surgery, Jefferson Medical College, Philadelphia. Assistant Surgeon in the Civil War where he worked with Weir Mitchell on studies of nerve injuries. Surgeon to President Cleveland for removal of a tumor of the maxilla. Writer (Keen's System of Surgery" in 8 volumes), and lecturer. Perhaps America's first brain surgeon.

Mayo: "I have not seen death occur as a result of an unnecessary (abdominal) exploration —but many have died solely because exploration was done too late."

Keen continues: "I shall rapidly sketch surgical conditions during the 1860's and 1870's and over the means and methods of surgical diagnosis and treatment."

Keen's was thus a first-hand account of the lamentable conditions of surgical care during the Civil War and the following several decades.

He concludes: "Would that I could return in 1982 and converse" with the great "of that wonderful day."

What would he think of the changes and advances since 1922, the year of his address!

The third award of the Bigelow Medal was presented on November 1, 1926, to **Dr. Rudolph Matas**[5] who was introduced by Dr. C.A. Porter.

Matas's Bigelow address entitled "Spirit and Art of Surgery" was divided into 16 chapters, defining qualities essential for the enlightened surgeon. He recalls the dark ages of surgery when surgery and medicine were set apart. In doing so he emphasized that the scientific foundations of medicine and surgery are the same, differing only, but "one may say radically," in the therapeutic point of view. Matas describes little pleasure in the impressionist painters because of their lack of detail, comparing them to the "slap and dash" surgical operations which he decries. The desirable qualities he emphasized are general surgical exposure before specialization, familiarity with fundamental sciences, preparation by operating on lower animals, acquisition of knowledge in the hospital ("the supreme laboratory"), daily contact with skillful senior surgeons, trust, concern, decisiveness and health.

---

[5] Matas was born in New Orleans in 1860 of an old Catalonian family. He grew up in France and Spain and returned to New Orleans as a teenager, graduating from Tulane University where he became a demonstrator in anatomy and later headed the Department of Surgery. His greatest contributions were in the treatment of aneurysms, obliterating of the aneurysmal sac by sutures inserted within it. Previous treatment had been by ligation and excision, which presented hazard to life and limb. Although best known for his treatment of aneurysms, he also wrote on phlebitis, embolism, elephantiasis, and was an early exponent of gastric drainage by nasal tube and of positive intratracheal pressure during intrathoracic procedures.

Dr. Harvey Cushing presented the Medal on behalf of the Society. On being notified of his later election as an honorary member of the Society, Matas wrote a note of appreciation, the sort of response of which the founders of the Society would be proud, especially Dr. Monks:

> I hasten to acknowledge and thank you for your highly appreciated letter of the 23rd instant informing me that the Boston Surgical Society has unanimously elected me to honorary membership in this distinguished body. With the memories of the Bigelow Medal celebration so gratefully alive in my mind, I need scarcely tell you how deeply this added distinction and signal mark of the Society's has touched me. On that occasion, I endeavored to express the sentiments of admiration, respect and affection that since the earliest years of my professional life have been inspired in me by the example and achievements of the great leaders of Boston surgery with whom I have come in contact, and now I am made doubly happy by this last action of the Society which gives me the assurance that the sentiments which I so cordially entertain for its members have been so graciously reciprocated.
>
> Very sincerely yours,
>
> R. Matas

Dr. Emest Daland, elected in 1926, writes of the award to Dr. Rudolph Matas: "I recall the award of the Bigelow

Medal to Dr. Rudolph Matas of New Orleans in 1926. It was held in Rogers Hall of the Massachusetts Institute of Technology, this building standing on Boylston Street where the New England Mutual is now located. Dr. Harvey Gushing gave the address of welcome (about 1 hour). Then Dr. Matas talked another 2 hours. Because of the sacredness of the occasion, we and our wives were attired in our best rigs. The heat went off at 10 p.m. In order to leave the hall, one had to walk by the speaker's rostrum, so we just sat and froze."

Apparently, recipients of the Bigelow Medal were inclined to be long-winded. Dr. T.B. Quigley describes the presentation of the Medal to Dr. Lester Dragstedt (the 17th recipient): "He, you may recall, distinguished himself by reviewing his thoughts on peptic ulcer for two hours and 15 minutes. This made an indelible impression on the ladies at the dinner."

Dr. Chavalier Jackson[6], the fourth recipient of the Bigelow Medal, in his address entitled "Bronchoscopy, Past, Present and Future," emphasized the importance of adequate pulmonary drainage and aeration to insure proper function and normal resistance of the pulmonary tissues. This, of course, was in 1928 when aspiration of the bronchial tree during and after operation was still a novelty, in fact, a debated procedure. He stressed the importance of bronchoscopic aspiration now that the technique was better understood. He emphasized the growing awareness of the bronchoscope as a valued tool, not only for removal of foreign bodies, its earliest use, but for research of pulmonary function, for the diagnosis and treatment of disease, and for the postoperative relief of pulmonary atelectasis.

---

[6] Holder of multiple professorships in bronchoscopy and esophagoscopy, including Jefferson Medical College, University of Pennsylvania, and Woman's Medical College, all in Philadelphia. Artist with the brush and pen. A mechanic skilled with lathe and other tools in his "experimental laboratory" rigged in an old water mill nearby his home. Many of the original instruments were devised or improved in his own workshop.

After Cushing's warm tribute, "Dr. Jackson responded, expressing in a touching manner, the wish that he might exhibit the Medal to his mother and other forebears to whom he owed the ability to carry on the work to which he had dedicated his life."

The fifth recipient of the Bigelow Medal was **Mr. George Gray Turner**[7]. In his address he reviewed the early developments in surgery of the esophagus, a structure once thought to be unapproachable. He cites the interesting case of Thomas Willis who in 1674 described a "round button of sponge to be stuffed down the esophagus for the relief of cardiospasm or achalasia." Turner recalls his experiences in a variety of surgical problems of the esophagus. He differentiates between cardiospasm and cicatricial stricture. In the former, a mercury bougie is first utilized, but in the cases cited by Turner, he refers to an esophagastric anastomosis as a bypass of the narrowed channel. The remainder of the report is essentially a review of clinical experiences with a variety of neoplasms at several levels of the esophagus and the results of the therapeutic multistage procedures practiced at that time.

The Medal was awarded to Mr. Turner on the evening of June 10th, which marked the 150th anniversary of the Massachusetts Medical Society. That morning in commemoration of the anniversary, Mr. Turner spoke before the Section of Surgery of the Society on "The Paget Tradition."

Dr. J.M.T. Finney[8], the sixth recipient, (1932) gave a delightful account of the medical customs, personalities, and teaching methods prevalent during his years in Boston at the Harvard Medical School and the Massachusetts General Hospital in his address entitled "Changing Methods In Surgery." The picture of didactic lectures by preclinical and clinical faculty members proved fascinating when compared to today's instruction in the laboratories at the school and at the bedside of patients in the hospitals. To one pursuing our Boston past, both his account of individuals and his anecdotes will prove delightful.

---

[7] Professor of Surgery at the University of London, and Director of the Department of Surgery in the British Postgraduate School and Medical School. Admired at home and abroad. A courageous and farsighted surgeon who undertook surgery for conditions thought impossible by his colleagues, known for his optimism about eventual surgical cures of malignancy, his ability to deal successfully with congenital malformations of the bladder and external genitalia, and his pioneer work on injury and diseases of the esophagus.

[8] Disciple of Halsted. One of Baltimore's surgical greats. First President of American College of Surgeons. Chief Consultant in Surgery to the A.E.F. in World War I. Medical adviser and close friend of Woodrow Wilson. Much sought after as a surgical consultant.

Finney compared the surgical practices in Boston in the late 1880's in which adoption of the teachings of Lister were only slowly being accepted, and their prompt acceptance in the quite new John Hopkins Hospital where practices were unencumbered by tradition. His address proved a captivating reminiscence by a distinguished surgeon and a colorful observer.

The Bigelow Medal was presented to past president **Dr. Harvey Cushing**[9] on May 3, 1933. He was the first Boston surgeon to receive this honor. The date of the meeting marked the opening of the twentieth birthday celebration of the Peter Bent Brigham Hospital. Dr. Cushing's address was entitled "Homo Chirurgicus" which was a delightful satire on the shifting boundaries of surgery as surgery was set apart as a specialty "from homo medicus ordinaris et generalis" to "homo chirurgicus superbus et suprimus" becoming then "homo medicus internus" and "homo chirurgicus generalis." "Homo chirurgicu soon began to invade the inner recesses through natural apertures and later by apertures created by "weapons" of his making guided often by the "evil eye" of "homo roentgenologicus" so now there are "homo chirurgicus (sub spec) laryngologicus,"

---

[9] Moseley Professor of Surgery, Harvard Medical School; Surgeon-in Chief, Peter Bent Brigham Hospital. Considered the father of modern neurosurgery. Pulitzer Prize winner for "Life of William Osler." Collector of incunabula and other historical medical publications now housed at the Yale Medical School. Surgeon, author and medical philosopher.

"homo chirurgicus (sub spec) intra-thoracicus," "homo-chirurgicus (sub spec) neuro-chirurgicus," and others, quite contrary to the intentions of "homo chirurgicus generalis."

Dr. Edward W. Archibald[10] received the Bigelow Medal in 1937 and gave an address entitled "French Surgery In The Nineteenth Century." He first gave a delightful account of his own ancestral origins, from northern Ireland to Londonderry, New Hampshire, and Nova Scotia. His predecessors pledged opposition to the "hostile proceedings of the British fleets and armies against the united American colonists" and vowed support to the cause.

He then reviewed the accomplishments of the great figures of European medicine who had influenced the career of Henry Jacob Bigelow. Much of the emphasis was on the French school which was leading both in surgical opportunities for the eager student and in the progress of surgical knowledge. Many of the great figures of French medicine who influenced Bigelow are familiar names today. Archibald emphasized the essential unity of North American medicine and paid tribute to the spirit of scientific inquiry in American surgery as exemplified by the life and work of Henry Jacob Bigelow.

Dr. Allen O. Whipple[11] in his Bigelow address (1941) entitled "Present-Day Surgery Of The Pancreas" reviewed the gradually emerging understanding of the internal and external secretions of the pancreas during the late 19th and early 20th centuries. He emphasized the clinical tests of the external secretory function which, although still in the experimental phase, contributed materially to the diagnosis of lesions of the organ.

---

[10] One of McGill University's leading surgeons. Stimulating and scholarly teacher, contributor to the physiology and pathology of the pancreas, to the surgical approaches to the thoracic cavity, and to surgery of the nervous system. One of those who laid the groundwork for the American Board of Surgery.

[11] Valentine Mott Professor of Surgery at the Columbia-Presbyterian Hospital in New York. Best known for his contributions to the surgery of the biliary tract, the spleen, islet tumors, pancreatitis, and, as mentioned above, carcinoma of the pancreas.

After these introductory paragraphs, Whipple reviewed a variety of known ailments of the pancreas both inflammatory and neoplastic, concluding with a detailed account of the radical operation for tumors of the ampullary region and head of the pancreas - an operation that still bears his name.

Dr. Frank H. Lahey[12] was one of the founders of the first Boston Surgical Society and was the second Boston surgeon to be awarded the Bigelow Medal (1946). Dr. Lahey spoke on "Surgery Of The Thyroid" and reviewed his 30 years' experience. In doing so he discussed some of the then newer developments and some less frequent complications of thyroid diseases. These included the pros and cons of pharmacological control of the metabolic rate, the cardiac complications of hyperthyroidism, exophthalmos and its treatment, the liver in thyroid disease, tumors benign and malignant, the recurrent nerve, the parathyroid glands, and aberrant thyroid gland tissue. In his introduction, Dr. Donald Munro paid tribute to Dr. Lahey's skill as a surgeon and to his great influence among the medical profession through the Clinic which bears his name.

Dr. Elliott Carr Cutler[13], the third Bostonian to be awarded the Bigelow Medal (1947), spoke on 'The Training Of The Surgeon." He gave a biographical sketch of his early professional life at the Harvard Medical School, the Peter Bent Brigham Hospital, the Massachusetts General

---

[12] Founder of the Lahey Clinic. Remembered, of course, for his contributions to surgery of the thyroid, but also for procedures to repair biliary tract and common duct injuries, for the 2-stage operation for esophageal diverticulum and for surgery of the gastrointestinal tract, especially large bowel carcinoma.

---

[13] Moseley Professor of Surgery, Harvard Medical School; Surgeon-in-Chief, Peter Bent Brigham Hospital, a position to which he was recalled from the Lakeside Hospital in Cleveland in 1932. A very general general surgeon, equally at home in each of the three major body cavities. One of the pioneers in cardiac surgery who demonstrated that the heart could be surgically manipulated with relative impunity. Thus, he was one of those who pointed the way for today's feats in surgery of the heart.

Hospital, the Rockefeller Institute, the years of World War I, and his move to Cleveland and the Lakeside Hospital. Throughout these years, guided by his mentor Harvey Cushing he came to appreciate the value and importance of a year or more of laboratory experience remote from the clinic. On his arrival in Cleveland, however, it was rumored that "I was an excellent laboratory investigator and knew about the surgery of animals, but had little experience with man."

In the remainder of his address, he outlined in considerable detail the ideal program of surgical training with increased responsibilities, gradual development of technical skills, adequate exposure to all the recognized surgical specialties, and a year possibly of laboratory experiences to permit study, reflection, and the pursuit of interesting new ideas before assuming the duties of chief surgical resident. Cutler decried the jumping from one institution to another, stressing that the clinical exposure should

be at the same institution to insure a thorough understanding of the technique and handicraft of surgery. He must demonstrate in this institution his ability to "think" and as his expertise grows to "think" in a critical and logical way.

In his Bigelow address (1951) entitled "Some Considerations About Bronchogenic Carcinoma" **Dr. Evarts A. Graham**[14] pointed the way to what has now become an accepted fact, that "The evidence of cigarette smoking has played an important role in the rapid increase of the disease (bronchogenic carcinoma) seems very convincing." The evidence accumulated by Graham and his contemporaries concerned with the problem of carcinoma of the lung was described in careful detail. Graham acknowledged that occupational exposure and even atmospheric pollution were also potential factors in lung carcinoma. The fact that the disease was predominantly in males had raised the question whether there was a genetic factor in its etiology. Graham presented evidence which disproved this as the explanation. One strong bit of evidence was the parallel between the curves in increase of cigarette sales and the incidence of bronchogenic carcinoma.

---

[14] Bixby professor of Surgery. Washington University in St. Louis. A founder and first chairman of the American Board of Surgery. Leader in expounding the dynamics of thoracic pressures, as a member of the Empyema Commission in World War I. His origination of cholecystography was a monumental contribution, but he will perhaps be best remembered for his courageous work on pulmonary suppuration and pulmonary carcinoma.

Graham discussed the differences between the epidermoid and adenocarcinoma of the lung and concluded with a plea for early diagnosis of the disease, a plea directed principally at his medical colleagues who tended to overlook the obscure but important symptoms of lung cancer.

The thirteenth Bigelow Medal was awarded to **Dr. Edward D. Churchill**[15] in April 1955, at the Harvard Club. Dr. Churchill's talk entitled "The Dark Decades of Surgery, 1816-86" was informal in nature and was given with a presentation of slides and a discussion of the material to which they referred. He presented an extremely interesting picture of the surgical management of problems of this period. His address has never been published, but much of the material which he presented is recorded in his book, "To Work In The Vineyard Of Surgery," which is an outline of the contributions of the Warren family of Boston during the last 200 years.

The fourteenth Bigelow Medal was awarded to past president **Dr. Arthur W. Allen**[16] on November 5, 1956 at the Harvard Club. Dr. Alien's address was entitled "The Development of Surgery for Lesions of the Stomach and Duodenum." His talk was illustrated with pictures of various surgeons who had been instrumental in developing surgery in this region. His talk was witty and inspiring and was received with great enthusiasm by the audience.

---

[15] John Homans Professor of Surgery, Harvard Medical School; Surgeon-in-Chief, Massachusetts General Hospital. A stimulating teacher, skillful surgeon, and a most imaginative mentor to younger men leading to careers in academic surgery.

[16] Master surgeon, Lecturer in Surgery, Harvard Medical School; Chief of the East Surgical Service at the Massachusetts General Hospital during his most active years. Contributor to the surgery of peripheral vascular disease, the management of abdominal trauma, and the surgery of lesions of abdominal organs.

It was Dr. Allen who had suggested in 1946 that the gold content of the Medal be reduced.* However, Secretaries Welch and Soutter had restored the Fund by a properly managed financial account and by discontinuing the "bad practice" of using some of the Fund income to pay for the banquets when the Medal was awarded. The first of the restored 13-karat gold Medals was awarded to Dr. Allen. During his speech he referred to the Medal as being an "almost valueless piece of property," not realizing that what he had in his hand was a very fine piece of gold.

Dr. Clarence Crafoord[17] of Stockholm, was awarded the fifteenth Bigelow Medal on May 1, 1961. Dr. Crafoord's address was entitled "Thirty Years' Work With Controlled Pulmonary Ventilation." In his talk he summarized the development of controlled respiration for open chest surgery and discussed its present status. In doing so he recapitulated a subject central to his interest which had its beginning during his first visit to this country about 30 years before.

The Bigelow Medal was to be presented to **Dr. Alfred Blalock**[18] in November 1964, but his untimely death at age 65 precluded his presence. However, the Medal was

---

[*] A reported depletion of the Bigelow Fund was discussed by the Executive Council in October 1946. Dr. Arthur Allen, a member, suggested that it might be advantageous to reduce the size of the medal or its gold content. Since the cost represented more than half the expense of the award. The Philadelphia Mint indicated to the Secretary that the molds for striking the medal were worn out and would have to be replaced before new medals could be shuck; thus the suggestion that the size of the medal might appropriately be reduced.

---

[17] Thoracic surgeon at the Karolinska in Stockholm. Important contributor to the development of thoracic surgery of the lungs, heart, and great vessels.

---

[18] Surgeon-in-Chief, Johns Hopkins Hospital, and Professor of Surgery of the Medical School. Surgical teacher and innovator. Founder of an outstanding "school" of surgery. Contributor in his early years to application of sound physiological principles in clinical surgery and later an important leader in the flowering of cardiac surgery. Of particular significance was his "blue baby" operation shunting blood from the peripheral system to the pulmonary system in the congenital heart.

awarded posthumously to his widow a few months later.

Dr. Lester Dragstedt[19] was then chosen to receive the Medal in 1964. Dr. Dragstedt spoke on "Peptic Ulcer, A Problem In Abdominal Gastric Physiology."

Neither Dr. Dragstedt's address nor those of the next two recipients were formally published, nor are there any comments in the Minutes of the Society.

In 1967, the Medal was awarded to **Dr. Charles B. Huggins**[20] who spoke on "Hormones, Cancer and the Surgeon." The nineteenth Bigelow Award went to another distinguished Boston surgeon, **Dr. Robert E. Gross**[21] (1970). Dr. Gross spoke on "Surgery for Cardiovascular Anomalies."

The 20th recipient of the Bigelow Medal was past president **Dr. Francis D. Moore**[22], successor to two earlier medalists, Cushing and Cutler, as Moseley Professor of Surgery at the Harvard Medical School and Surgeon-in-Chief at the Peter Bent Brigham Hospital. His address (1973) was entitled "Surgical Biology and Applied Sociology - Cannon and Codman Fifty Years Later." Moore reviewed the careers and contributions of two Pioneer

---

[19] Thomas D. Jones Distinguished Service Professor of Surgery, University of Chicago; later at the University of Florida. Known principally for his studies on gastric physiology including vagotomy for peptic ulceration. Discovered the hormone lipocaic and contributed to the understanding and the refinement of surgical methods for treatment of duedenal and gastric ulcerations.

---

[20] William B. Ogden Distinguished Service Professor of Surgery, University of Chicago. Pioneer in research on the endocrine influences on malignant disease. His earliest studies were on malignancy of the male genital tract. He received the Nobel award in physiology in 1966.

---

[21] Ladd Professor of Children's Surgery, Harvard Medical School; Surgeon-in-Chief, Children's Hospital, Boston. Author of the classic text on the surgery for congenital and acquired diseases in childhood. First American surgeon to ligate the patent ductus arteriosus. Contributor to other aspects of the surgery for congenital heart disease.

---

[22] Moseley Professor of Surgery, Harvard Medical School; Surgeon-in-Chief, Peter Bent Brigham Hospital. An early contributor to the surgery for peptic ulcer and a lucid interpreter of the metabolic homeostatic mechanisms in surgical patients.

Boston physicians, graduates of the Harvard Medical School, each of whom has had a profound influence on the practice of surgery. Cannon led the way in what Moore terms "applied surgical biology" with his studies of the influences of chemical autonomic mediators in the "homeostasis" of the body's complex metabolic processes. Codman was a leader in Moore's "sociology of surgical care." Dismayed by the inadequacy of hospital records and the lack of control of the quality of surgical care, Codman led the way to what is now "The Joint Commission of Accreditation of Healthcare Organizations" and the "End Results System" of evaluation of the surgeon's skill, judgment, and other factors influencing the outcome of surgical treatment. The contributions of each of these men have endured.

Dr. J. Englebert Dunphy[23] was awarded the Medal in 1978. His address, which was never published, was entitled "The Phoenix, the Hydra and the Eye of the Swallow". In it, he paid tribute to that most important cell, the fibroblast, and recounted his imaginative prospecting into the obscure biochemical processes during the early hours of wound healing. Much of the content of his remarks was recorded in detail in his book entitled "Repair and Regeneration, the Scientific Basis for Surgical Practice". He was dying of cancer of the prostate at the time. The occasion was marked by an outpouring of affection toward him by his many admiring acquaintances in the Boston medical community. His very moving "Oration" before the Massachusetts Medical Society in 1976 should be required reading. It's title, "On Caring For the Patient With Cancer".

---

[23] Ubiquitous Professor of Surgery: Harvard, Oregon and California (S.F.). His diverse publications warrant his recognition as a very sagacious general surgeon, loved and admired by a host of colleagues, patients and trainees. A charming speaker and recipient of many prestigious national and international awards.

Dr. John W. Kirklin[24] was the twenty third Bigelow medalist. His address was entitled, "Progress in Cardiac Surgery as Reflected in the Tetralogy of Fallot. His report was based on a review of or 1100 surgical procedures. He recounted the several interesting variations of the anomaly and suggested the surgical indications and corrective operative procedures for each. In only the most severely cyanotically impaired infant was early operation expedient, and then only the most minimal (Blalock-Taussig or its equivalent). The risks proved to be greatly reduced if the definitive procedure could be safely delayed for several months or even years. Therefore, in the very young, a two-stage procedure was preferred. Delay allowed time for circulatory adjustments in intravascular pressures and capillary permeability to minimize the possibility of pulmonary or peritoneal effusions and the rare pulmonary hemorrhage. His published report includes a vast array of statistical evidence which give proof to his conclusions.

In 1986, the Medal was awarded to past president **Dr. Claude E. Welch,**[25] the twenty fourth recipient. The title of his address was "From Mayo to Kirklin: Riding on Bigelow's Coattails". The theme he chose was to "reacquaint you with the previous recipients, some of whom you barely may recognize, and to assess their influence on the onward course of surgery. Welch contrasts the age of the recipients, all of whom having established reputations, with the selection of chiefs of departments for whom youth and promise are prime recommendations. He stressed the enormous changes in surgery in the previous 65 years as evident from the content of addresses by earlier medalists.

---

[24] Distinguished surgical leader. Kerner Professor of Surgery at the University of Alabama, formerly Professor of Surgery at the Mayo Clinic. Widely recognized for his many contributions to advances in cardiac surgery.

---

[25] Accomplished surgeon, Clinical Professor, Harvard Medical School. Former Chief of the Tumor Clinic at the Massachusetts General Hospital. Con-tributer to surgery of the gastrointestinal tract and the development of safer methods in gastric and colonic procedures. Recognized locally and nationally With appointment or selection to many important positions of responsibility.

He listed those responsible for the astonishing successes in cardiac and thoracic surgery and those responsible for the application of laboratory methods to a better understanding of the underlying processes in surgery. He went on to assay the differing personal characteristics of the medalists, and finally to note those whose leadership and teaching were responsible for establishing a following of illustrious trainees.

The twenty fifth Bigelow Medal was awarded to **Dr. Thomas Starzl.**[26] Dr. Starzl's address was entitled "Thirty Years: Liver Transplantation." He gave a very illuminating account of the history, recent advances and current situation in liver transplantation, emphasizing the role of the immunosuppressive agent, cyclosporine, as essential to success. More recently, extracorporeal organ perfusion has made possible the preservation of human livers for as long as 24 hours achieving, thereby, more widespread organ-sharing. The futility of palliative operation and the desirability of early intervention were stressed as was cost-effectiveness when the alternative of repeated and lengthy hospitalization for the patient dying from liver disease is calculated. Comments on certain unanticipated technical details were made, such as venous decompression of the intestine. Finally, Starzl paid tribute to the support and fundamental contributions to advances in transplantation made by members of the Boston medical community.

In December 1990, past president **Dr. Joseph E. Murray**[27] was awarded the Nobel Prize in medicine for his pioneering of human organ transplantation, having achieved the first successful kidney transplants from one

---

[26] Professor of Surgery, University of Pittsburgh. One of the pioneer contributors to todays multi-organ transplantation programs. A gifted clinical surgeon.

---

[27] Professor of Surgery, Harvard Medical School. With Boston roots, Dr. Murray spent his entire active career at the Peter Bent Brigham (later Brigham & Women's) and Children's hospitals. A true surgical innovator with many contributions in transplant and plastic surgery, he also excelled as a mentor for trainees and a spokesman for the profession.

human to another-a landmark operation which began the era of transplant surgery. Dr. Murray was also a pioneer in surgery for cranial-facial deformities, particularly among children and infants. The 26th Bigelow Medal was awarded to Dr. Murray in 1992, with his address entitled "Snapshots from a Curious Career" delivered on January 13, 1992. His Bigelow address presented patients from different decades of his career to illustrate both the permanence of surgical principles and changes in surgical techniques. Among those patients presented were the first successful renal transplant, which had a major impact on worldwide research in clinical and cellular immunology and set the stage for current success in all types of human organ transplantation. Another patient presented by Dr. Murray represented the first mid-face advance operation performed in the United States.

In 1996, **Dr. David C. Sabiston**[28] was awarded the twenty-seventh Bigelow Medal. His address, entitled "The Development of Surgery of the Coronary Circulation with Comments on the Future of Surgical Research" was delivered before the Society on March 11, 1996. The address drew on Dr. Sabiston's perspective from a long career of leadership in the field of cardiac surgery. He traced the roots of coronary artery bypass surgery through several decades of surgical innovation and improvement. Key contributions resulting from basic research were highlighted at every turn, providing compelling support for the ongoing viability and unique practical impact of surgical innovation. Modern outcome statistics were presented to emphasize the extraordinary success of concerted surgical research and clinical development in the treatment of patients with coronary artery disease.

On April 9, 2001, the twenty-eighth Bigelow Medal was awarded to past president **W. Hardy Hendren, III**[29]. Dr. Hendren's address, entitled "The First Academic Surgeon" was a fascinating review of the career of John Hunter (1728-1793). In an often humorous talk based upon Dr. Hendren's first hand study at the Hunterian Museum of the Royal College of Surgeons in London, he traced John Hunter's background from humble origins in Scotland to later recognition as the most significant contributor to surgical science to that time. The array of specimens and exhibits at the Hunterian Museum was reviewed in grisly detail to illustrate Hunter's remarkable interest in pathology and natural history and his incredible experiments in organ transplantation and wound healing. Fascinating connections between Hunter and events in Boston were pointed out, including the surgical lineage of the Warren family and scientific links to later work by Jenner in use of vaccine to control smallpox. The address successfully reaffirmed the importance of practical research to surgery.

---

[28] Professor of Surgery and Chairman for many years at Duke University. His stature in American surgery was legendary. He was editor of a definitive textbook of surgery and Editor-in-Chief of *Annals of Surgery* for many years, with legions of trainees throughout the world.

---

[29] Dr. Hendren was trained in Boston and pursued a vigorous career in pediatric surgery at the Massachusetts General and Children's hospitals, serving as chief of surgery at the latter. A Professor of Surgery at Harvard, he was the dominant driving force behind growth and development of the field of pediatric urology.

References

Mayo, William J. "In the Time of Henry Jacob Bigelow." JAMA 77:597, 1921.

Keen, William W. "Sixty Years of Surgery, 1862-1922." Bost. Med. & Surg. J. 187:592,1922.

Matas, Rudolph "Spirit and Art of Surgery." Bost. Med. & Surg. J. 702:778 and 829, 1927.

Jackson, Chevalier "Bronchoscopy: Past, Present and Future." New Eng. J. Med. 199:759, 1928.

Turner, George Grey "Some Experiences with Surgery of the Esophagus." New Eng. J. Med. 205:657, 1931.

Finney, John M.T. "Changing Methods in Surgery." New Eng. J. Med. 206:263, 1932.

Cushing, Harvey "Homo Chirurgicus." New Eng. J. Med. 208:922,1933.

Archibald, Edward W. "French Surgery in the First Half of the Nineteenth Century." New Eng. J. Med. 216:994, 1937.

Whipple, Alien O. "Present-Day Surgery of the Pan creas." New Eng. J. Med. 226:515, 1942.

Lahey, Frank H. "Surgery of the Thyroid." New Eng. J. Med. 236:45, 1947.

Cutler, Elliott C. "The Training of the Surgeon." New Eng. J. Med. 237:465, 1948.

Graham, Evarts A. "Some Considerations About Bron chogenic Carcinoma." New Eng. J. Med. 245:389, 1951.

Churchill, Edward A. "To Work in the Vineyard of Surgery" Harvard University Press, Cambridge, 1958.

Moore, Francis D. "Surgical Biology and Applied Sociology Fifty Years after Cannon and Codman." Harvard Med. Alumni Bull. 29:12. Jan.-Feb. 1975.

Dunphy, J. Englebert "Repair and Regeneration, the Scientific Basis for Surgical Practice." McGraw Hill, New York, 1969.

Dunphy, I. Englebert "On Caring for the Patient with Cancer." New Eng. J. Med. 295:313, 1976.

Kirklin, John W. "Progress in Cardiac Surgery as Reflected in the Tetralogy of Fallot." Ann. Surg. 198:251-265, 1983.

Welch, Claude E. "From Mayo to Kirklin: Riding on Bigelow's Coattails." Am. J. Surg. 152:245-251, 1986.

Starzl, Thomas E. "Liver Transplantation." New Eng. J. Med. 321:1014 & 1092, 1989.

CHAPTER IV

MEETINGS

Six or seven meetings of the Boston Surgical Society, Inc., have been held annually since its incorporation in 1914. Several meetings of the Executive Council, responsible for the general conduct of the Society's affairs, were also held during the year. In the original bylaws, meetings were to be held the first Monday of each month from October through April, with the Annual Meeting designated the one in October. The revision of the Bylaws in 1919 changed the first meeting to November and the Annual Meeting to December. It has remained so ever since.

The monthly sessions were to be "clinical, hospital or scientific." Usually the clinical and scientific sessions were alternated each month. In the early years, clinical meetings were held in every major Boston hospital, scientific meetings in the Boston Medical Library, the Harvard Club, the American Academy of Arts and Sciences, the Tavern Club, or the St. Botolph Club. Meetings of the Executive Council were called at the request of the President and held in his office or home. The time of day of the meetings depended on whether there was an operative clinic with or without case presentations, or whether it was to consist of scientific papers only. The latter was usually an evening dinner meeting. A recently deceased member wrote, recalling a meeting at the American Academy building on Newbury Street in 1932. The dress and speeches were both formal. There was a collection of cheese, crackers, doughnuts, coffee, and ginger ale (after the repeal of Prohibition beer was served). He adds: "Some of the older members didn't stay for the limited social occasion for reason best known to themselves, perhaps being overweight or having 'dyspepsia.'"

With the increasing membership in the last quarter century, meetings have been held as an evening dinner gathering at the Harvard Club. Attendance in recent years has varied between 100-200 members.

A compilation of the frequency of topics discussed in the last half century is appended.

Cancer in general (surgery, radiation treatment, immunology, anticancer agents)	27
Vascular disease,embolic disease, thrombosis	17
Shock, blood substitutes, nutrition, trauma	14
Surgical costs, delivery of surgical care	11
Thyroid disease	9
Cardiac surgery and monitoring	7
Neurosurgery, pain, trauma	7
Anesthesiology, intensive care, respiratory complications	5
Gastro-intestinal and biliary tract surgery	9
Emergency services, disaster care	5
Breast cancer	6
Colon Surgery	6
Endocrines in general (parathyroid, adrenal, etc.)	4
Esophagus	5
Pancreatic disease	6
Small intestine (ileitis, obstruction, etc.)	5
Transplantation	7
Liver-portal hypertension-bleeding	3
Lung tumors and pulmonary disease	4
Military surgery	3
Orthopedic surgery	4
Surgery of the hand	3
Urinary tract disease, renal failures, etc.	3
Burns	3
Infections and antibiotics	2
Sports medicine	3
Surgery of hypertension	2

Surgical education	3
Endoscopy	1
Morbid obesity	2
Pediatric surgery	1
Spleen	2
Surgery for diabetes	1
Sympathectomy	1
Wound healing	1
Angioplasty	3
Laser	2
Lithotripsy	2
CT Scanning	1
Ultrasound	1
Surgical treatment in AIDS	1
Hospital symposia, miscellaneous topics, early decades	38

The hospital meetings during the early years were largely operative demonstrations. Members could watch Dr. Harvey Cushing remove a cerebeller tumor at the Peter Bent Brigham Hospital, Dr. John Bottomley perform a cholecystectomy at the Carney Hospital, see Dr. F.J. Cotton reduce an ankle fracture at the Boston City Hospital, or Dr. Charles A. Porter perform a partial gastrectomy for stomach cancer at the Massachusetts General Hospital. Doctors F.B. Lund and John Cunningham operated simultaneously on a “double hernia of enormous size” at the Boston City Hospital. A symposium on war wounds was stimulated by the realities of World War I in November of 1915.

On perusal of the scientific programs of earlier meetings one discovers a number of interesting reports.

For example, on March 1, 1915, Dr. Monks discussed a device to detect foreign bodies in the tissues “by means of magnetism” with use successfully in three cases. The current in the magnet could be rapidly reversed, attracting in one direction and repelling in the other. The retained metallic fragment would vibrate and could be located by the examining finger. Another technique consisted of magnetizing the retained foreign body and suspending a compass-like needle over it. The latter would be deflected by the magnetized metallic fragment. In the discussion a more powerful magnetic device used in France at the American Ambulance Hospital was described.

At a meeting of the Society at the Massachusetts General Hospital on April 5, 1915, Dr. Hugh Williams showed a most ingenious electric motor and double suction pump fashioned for the purpose by his chauffeur. Dr. Williams spoke of the treatment of duodenal fistula by doing a jejunostomy for the purpose of nourishing the patient and by attaching the suction apparatus to the duodenal fistula to keep it dry.

At the suggestion of Dr. Monks, Dr. J.F. Percy of Galesburg, Illinois, demonstrated an electrical cautery for the treatment of uterine carcinoma on April 21, 1916, at the Massachusetts General Hospital. The cautery was not the kind today's surgeons are accustomed to. The purpose was to warm the diseased uterus to a temperature of 120 degrees F by a heating iron inserted into the uterine cavity. Dr. Percy cited evidence that tumor cell growth was impaired at that temperature, but normal cells could tolerate it. He decried the charring effect of more intense heat which prevented effective heat transfer - a reasonable assumption.

An interesting meeting was held at the recently opened Collis B. Huntington Memorial Hospital on April 9, 1917. Dr. T.C. Warren spoke of the aims and purposes of the institution. Dr. Greenough spoke of the organization of the hospital and the plan of treatment by radium under the supervision of the Cancer Commission of Harvard University. No cases were accepted for radium treatment if radical operation was considered possible. Very complete records were kept and a very complete follow-up system employed. Permission for autopsy was a requisite for admission. Of 1,065 cases treated in the first three and a half years, the result was unknown in only 39. The treatment of various lesions was discussed: epitheliomata of the face, carcinoma of the lip, tonsil, jaw and tongue, lymphoma, Hodgkin's disease, and sarcoma, carcinoma of the uterus, nose, larynx and myelogenous leukemia.

On April 2, 1923, Dr. Bronson Crothers of the Children's Hospital spoke on " The Effect Of The Forces Used In Delivery On The Central Nervous System Of The Fetus," a paper discussed by Dr. F.S. Newell. In light of the content of his paper, concerned as it was with the coincidence of spasiticity with difficult delivery, one can imagine that there may have been rather heated discussion of these observations.

At the clinical meeting on January 10, 1925 at the New England Deaconess Hospital an operative clinic was held. Dr. D.F. Jones did one radical mastectomy and two gallbladder operations. Dr. F.H. Lahey did seven thyroid operations, removed a duodenal diverticulum, and repaired an inguinal hernia.

The meeting of June 12, 1925 was held at the Warren Museum of the Harvard Medical School where Dr. E.A. Codman discussed the bone sarcoma registry and demonstrated specimens, history, and findings reported in this registry. The meeting was held jointly with the Boston Orthopedic Club and the New England Roentgen Ray Society.

On April 6, 1925, Dr. C.A. Porter spoke on "Aneurysms of the Larger Arteries Observed at the Massachusetts General Hospital in the Past Fifty Years."

On February 2, 1925, Dr. Robert Greenough spoke on "The Value of Prophylactic X-Ray Treatment in Cases of Carcinoma of the Breast," and young Dr. Edward Churchill spoke as a guest on "Massive Collapse of the Lung."

On March 3, 1925, a second meeting was held at the Collis P. Huntington Hospital where there was an x-ray therapy demonstration in one of the early centers for this treatment in the New England area. Also demonstrated were the clinical and research work being conducted at the hospital.

The meeting of the Society on December 3, 1925, was held jointly with the Boston Orthopedic Club, a desirable precedent often mentioned in the minutes, but rarely possible because of conflicts in dates and time. There was a large attendance at which Dr. W.E. Gallie of Toronto discussed transplants of fibrous tissue in the repair of anatomical defects. This was doubtless one of the early reports of the transplant to which Gallie's name has often been attached and the carrier needle of which also bears his name.

On December 1, 1930, Dr. Edward Archibald of Montreal, awarded the Bigelow Medal in 1937, spoke on "The Mode and Causation of Post-operative Pulmonary Collapse," calling attention to the current held concepts of the "aspirationists" versus the "embolists." He emphasized the importance of extracting the obstructing plugs in the bronchi by suction or bronchoscope if needed. There was lively discussion of this paper by Doctors Whittemore, Churchill, Lord, King, Binney and Homans. That obstructing aspiration was the cause of collapse was generally agreed. It could be minimized by avoiding morphine, tight abdominal binders, and treated by CO_2 inhalation and frequent turning of the patient. These seem like elementary principles today, but the doubts and discussions were still raging nearly half a century ago.

On January 8, 1934, at the Massachusetts General Hospital there were three papers on parathyroid disease, obviously one of the early reports of this disease which is so closely identified with the Massachusetts General Hospital. Dr. Fletcher Colby spoke on "Kidney Lesions and Parathyroid Disease." Dr. George Holmes of the Department of Radiology spoke on "Bone Lesions in Parathyroid Disease" and Dr. E. D. Churchill spoke on "Surgery of the Parathyroid," doubtless recounting the tale of the late Captain Martell. Interestingly enough, in his Presidential Address in 1965, Dr. Oliver Cope brought the story of parathyroid disease up to date before the Boston Surgical Society.

An unusual request was made for the meeting of April 8, 1974. The program that evening concerned "psyche-surgery for pain." There had been criticism of this technique by certain elements in the Boston area so that there was fear that demonstrators might infiltrate and disrupt the evening meeting. At the request of the participants in the symposium, a police guard was requested and provided. Fortunately, no demonstration occurred.

One is reminded of the comment by a presiding officer on a rather uninspired address by a well-known visitor from another city. The story concerned a parrot acquired by a seaman in his world travels which, on his return to the United states, was given with great ceremony by the seaman to his mother. On his next return home he inquired of the parrot and was told that it was delicious. Horrified, he announced that it was a prize bird which spoke several languages, to which his mother asked: "Why didn't he say something?"

On June 26, 1934, at a meeting of the Executive Council held at the office of the President, Dr. David Cheever, the proposition of Dr. Walter E. Lee, President of the Philadelphia Academy of Surgery, to hold a joint meeting of the Boston and Philadelphia groups once a year was looked upon with favor. It was suggested that the President confer with other members and suggest that there be meeting in

Philadelphia on the evening of the first Monday or February 1935 in place of the usual meeting" The proposal was accepted with great pleasure with each city to act as host in alternate years.

The first meeting was held on February 4, 1935, in Philadelphia with a program arranged by a Philadelphia committee. The second, February 3, 1936, was held in Boston. The custom continued annually until the meeting of March 4, 1940, held in Boston. The custom was then discontinued because of "unsettled conditions" and the Philadelphia invitation for 1941 was declined.

Resumption of the joint meetings was discussed by the Executive Council on December 6, 1948, but there was "little enthusiasm."

The Boston Surgical Society, Inc., did however keep in touch with the Philadelphia Academy of Surgery during subsequent years. On October 18, 1954, a letter was received from the Academy of Surgery "inviting our Society to send a representative to its 75th Annual Meeting." The invitation "was discussed and Dr. Richard H. Sweet was unanimously elected to represent the Society."

Almost simultaneously an invitation was received from Dr. Alexander Brunschwig inviting the Boston Surgical Society, Inc., to meet jointly with the New York Gynecological Society and the New York Surgical Society. No action was taken.

Another proposal for joint meetings came from the New York Surgical Society on March 10, 1972. Again there was little enthusiasm. However, at the meeting of the Executive Council on June 9, 1975, there was "unanimous enthusiasm" for a joint meeting with the Philadelphia, New York, and Baltimore Surgical Societies to be held in Philadelphia on

March 10, 1976. The meeting was held as scheduled and was a great success.

The title of Dinner Chairman was established officially on the recommendation of the Executive Council on Friday, January 9, 1953. The following statement concerning Dr. John McKittrick, the first Dinner Chairman, is included in the minutes of that meeting: "The status of Dr. John McKittrick, who collects money for the dinners, was discussed. It was felt that the unpleasantness of the task should be somewhat relieved by giving him an official title." The title agreed upon was that of Dinner Chairman. Dr. Graves, President, said that he would announce it at the next meeting. That the President had the power to appoint a committee was customary and Dr. McKittrick would be a committee of one. This tradition has been carried on ever since and to date there have been seven Dinner Chairmen appointed. The position of Dinner Chairman was made official in a vote at the annual meeting on December 7, 1959, when Article I of the bylaws was amended to include all of the officers of the Society "and a Dinner Chairman."

At the meeting of the Council on June 27, 1956, the following note was made: "the Secretary should be authorized to buy a new microphone for use at the Society's meetings at the Harvard Club." This need was well-recognized by those attending the monthly meetings, but even today the acoustics and equipment are imperfect.

A Forum for presentations by younger men (residents, surgical fellows, and others) was established during the presidency of Dr. Roger C. Graves at a meeting of the Executive Council on May 27, 1953. The suggestion was made that "the meeting in March could possibly be given over to original papers by younger men not yet qualified to join the Society." At this interesting series of meetings during subsequent years, papers on original surgical research and clinical investigation were presented. This annual program was continued for a number of years, but the format was changed in 1971. At a meeting of the Executive Council on January 18, 1971, the following statement was made: "Fifteen abstracts were reviewed for the meeting on March 1, 1971. It was the consensus of the Council that the number of papers should be lowered to five. It was also the opinion that the papers should be arranged in two groups to give cohesiveness to the program. It was noted that the attendance had been falling off for this particular meeting and that it was the least popular of the six." At the regular meeting on March 1, 1971, three papers on one topic, the lung in shock and sepsis, and two papers on gastritis and the gastric barriers were presented. This was the last of the formal Forum presentations, but original research topics have of course, been in later programs.

At each meeting during the earlyseventeen years of the Forum Program, an average of seven papers were read. The Forum programs by residents or research fellows were reinstated in 1979 and continued to 1986, when they were replaced be a serioes of "What's New" symposia. The authors of many of these Forum papers have subsequently taken important positions in, and made significant contributions to American surgery. One of the recurring concerns of the Executive Council in recent years has been the increasing cost of the dinners and the deficit resulting from failure of the charges to meet the actual costs. This matter was discussed at a meeting of the Council on May 27, 1953. Since the deficit was covered by the initiation fees and the dues, the Society was not in the red, but the question was raised whether the annual dues of $5, which had never been increased since 1915, should be raised.

"Because it was felt that the attendance at the dinners should be as large as possible, it was decided to retain the same dinner charge, but to raise the dues to $10 a year starting in the year 1954."

The deficit was discussed again in 1963 and at the annual meeting on December 14, 1964, the dues were raised to $15 to avoid an increase in the dinner charge. Inflation continued to present problems to the Society and on December 8, 1969, it was voted to increase the dues to $25, and a few months later the cost of the dinner was increased to $8. One of the significant costs of the dinner meetings is the "bar charge." By reducing the time the bar is open to 45 minutes, a considerable savings was realized. Nevertheless, in 1974 it was necessary to increase the dues to $35 and the dinner charge to $10 a piece.

The annual deficit has continued even with the several increases in the dues and the charges for the dinners. However, the attendance has remained large, despite the increasing inflationary costs. At the conclusion of the announcement of each meeting the following is added: "It will be necessary to charge any member who signifies his intention of attending the dinner or bringing a guest and fails to do so, unless the Dinner Chairman is notified before noon the day of the dinner."

The stated purpose of the Boston Surgical Society, Inc., is "for advancing the science and art of surgery and the cultivation of intellectual and social relations between the members." Perusal of the programs of the meetings over the years reveals that those purposes have been fulfilled. However, there have been a few digressions from the strictly parochial concern with clinical and research reports of surgical progress and innovations. For example, in 1956, there was a panel moderated by Dr. Leland McKittrick entitled "The Costs of Surgical Care," a matter, even then, of increasing concern. In 1966, Dr. William Holden of Cleveland spoke on "Society and the Education of a Surgeon," alluding to the change in residency training programs with increasing third-party intrusions. In 1971, there was a panel entitled "New Patterns for the

Delivery of Surgical Care." And in 1975, Dr. William MacAusland spoke on "Ambulance Service in the City of Boston - A Critical Overview." This last led to an active involvement by the Society in the urgent needs for modernizing the equipment and personnel of the Emergency Medical Services of the City of Boston. Although automobile and other accidents comprise a major obligation of such services, the increasing availability and lifesaving effectiveness of the Intensive Care Units in the Boston hospitals makes prompt access to ambulances equipped with more adequate resources to sustain patients, victims of non-traumatic emergencies on their way to such a unit, of paramount importance. Therefore, in September 1975, the President of the Society, Dr. Joseph E. Murray, appointed an Ad Hoc Committee on Emergency Medical Services, whose report along with a considerable correspondence is included in the files of the Boston Surgical Society.

At the meeting of November 8, 1976, the "Emergency Medical Service in the City of Boston-Up dated" was the topic. Several speakers and several points of view were expressed including the recommendations of the Committee appointed by the Society. These included the upgrading of emergency equipment, personnel training, cooperation between city departments, public education, hospital capabilities and the collection of factual data. Most important, however, was the offer of support by the Boston Surgical Society Inc., and the Boston Orthopedic Club to accomplish the needed changes. One later consequence was the assignment of certain hospitals as trauma centers so that destinations of both public and private ambulances could be coordinated.

As a sequel to the Emergency Service plan in Boston, invited guest Dr. Donald D. Trunkey, Chief of Surgery at the San Francisco General Hospital, spoke on the "Rationale of Regionalized Trauma Care" on January 13, 1983. His remarks reflected the recommendations of the Committee in urging a centralized responsibility for the control of Emergency Medical Services in the City of Boston.

The urgent question of Continuing Medical Education (CME) credit, Category I, was discussed by the Executive Council meeting on June 13, 1978. A sponsor and approval by the Massachusetts Medical Society were needed for credit. On October 3, 1979, the Secretary reported to the Executive Council that Tufts University School of Medicine had agreed to act as co-sponsor. Forms were distributed at each meeting in anticipation of ultimate approval. At the Annual Meeting, on December 15, 1980, the Secretary reported that a request had been made to t he Medical Society for approval and retroactive credit.

There is no further mention of this matter in the Minutes, but the Secretary reports that not only has the Massachusetts Medical Society given its approval, but continues to sponsor CME credit.

The carefully prepared reports of the several treasurers were seldom questioned by the membership at the Annual Meetings. However, the reports in recent years contain interesting evidence of changes in the national economy. At the Annual Meeting on December 12, 1977, the membership approved a dues increase to $50.00 and a dinner charge to $15.00. A question from the floor suggested an onerous effect from these increases, especially the latter. The President proposed a questionnaire to the membership. The result was a consensus of approval of the increases by a sizeable majority. By 1982, it had become obvious that a further increase in the dinner charge was needed, but not until the Annual Meeting on December 10, 1985, was the dinner charge reluctantly increased to $20.00. In the meantime, dues were increased to $75.00 in 1984.An honorarium of $500.00 for out of town guest speakers was approved at the Annual Meeting on December 13, 1976.

From the days of its founding, there had been a joint office of Secretary-Treasurer of the Boston Surgical Society Inc. With the increasing membership, the duties of the Secretary-Treasurer became so burdensome that the Council, at its meeting on October 6, 1981, recommended a change in its bylaws to establish separate offices. This change in bylaws was approved at the annual meeting in December. Additional help for the three busy administrative officers of the Society was voted at the meeting on December 13, 1982. Recommended was a grant of $2,000.00 for secretarial services to be divided on a ration of 6-3-1 between the Secretary, Treasurer and Dinner Chairman respectively.

The following year the grant was increased to $3,000.00 to be similarly divided.

At the June 2, 1986 meeting of the Council, "the Treasurer noted an unexpected surplus of funds". A committee was appointed to study the reason for the surplus. Also, "the committee was to report on the open bar at the Society meetings". Apparently the financial acumen of the Treasurer in 1982 who reported that "reserve funds had been shifted to a higher interest account" proved beneficial to the Society's coffers.

At the Council meeting six months later, the Committee reported that "the cost of the cocktails proved to be $7.00 per person". But more significant was the motion "that the Dinner Chairman be authorized to use $5.00 per person per dinner to improve the quality of the dinner and to utilize the surplus". Apparently, the improved quality of the meals intoxicated the members of the Council to such a degree that, at the next Council meeting, on June 1, 1987, "the Dinner Chairman was authorized to further upgrade the quality of the dinners $1.00-$2.00 per person for each meeting".

The six monthly meetings continue to be held regularly on the second Monday. On only one occasion was the winter weather severe enough to cause a cancellation. That was on February 14, 1978, when a blizzard struck Boston paralyzing the city for a week. Topics ranged from impotence to sports medicine, often times reflecting the special interests of the incumbent president. The programs have followed the same pattern, but with many of the "old standbys" such as cancer of the breast and other malignancies, vascular diseases, gastrointestinal and biliary tract surgery, transplantation, shock and blood substitutes, and endocrine diseases, appearing less frequently in favor of recent advances, such as: angioplasty, CT and ultrasound scans, laser, lithotripsy and AIDS.

Almost every year a guest speaker has been invited to give one of the programs. Titles have included: "Anesthesia for Ambulatory Surgery, II "Decision Analysis," "Usual and Unusual Aortic Aneurysms" among others.

Members of the Society received a shocking report at the meeting of November 13, 1989, when Attorney Lee J. Dunn, Jr., spoke on 'The Board of Registration in Medicine: Who Regulates the Regulators?" There had been rumors of the arbitrary manner in which this body served as investigator, accuser, judge and jury. When there is a suspension or revocation of licensure by the Board, the defense attorney and party accused has no access to the records and no impartial investigation is permitted. The accused appears to be guilty until proven innocent. Surprisingly, the statute of limitations applies in all litigation with two exceptions, murderers and M.D.'s.

On a number of occasions the Executive Council has scheduled joint meetings with fellow societies in the Boston area. The 1976 Committee Report on Emergency Medical Services was a project sponsored by the Boston Surgical Society Inc., and the Boston Orthopedic Club. On February 14, 1977, The Obstetrical Society of Boston joined in a discussion of "Recent Advances in the Diagnosis and Treatment of Breast Cancer." And "Bone and Soft Tissue Tumors" was the topic in a meeting with the Boston Orthopedic Club on February 2, 1979. No further formal joint meetings were held in the next decade, but topics of broad interest were often included in the programs. These included: joint replacement and arthroscopy, intracranial monitoring after trauma, intraocular lens implant for cataract surgery and tissue culture of epithelial cells.

Parking over the years represented an increasing problem compounded by the "simultaneous meetings at the same facility by the Boston Obstetrical Society. The Boston Obstetrical Society graciously agreed to change the date of its meetings to another day in 1989" thus easing the problem. Parking resurfaced perenially during the late 1990's, with additional concerns regarding traffic and travel by members from beyond Boston's borders. Attendance remained good nonetheless, and the executive council recommended staying the course with the Harvard Club on Commonwealth Avenue.

Ever since the most successful joint meeting in New York in 1976, marking the Centennial of the New York Surgical Society, at which the Boston Surgical Society, the Philadelphia Academy of Surgery, and the Baltimore Surgical Society met as guests of the New York Surgical Society, suggestions of a meeting in Boston were recorded several times in the minutes of the Society. The consensus was that the meeting should celebrate some significant event as it had in 1976. Since 1989 was the 75th anniversary of the Incorporation of the Boston Surgical Society, a special Council meeting was called on March 13, 1989, at which time the proposal was made to invite the New York Surgical Society and the Philadelphia Academy of Surgery to meet in Boston as guests of the Boston Surgical Society on September 15, 1989. Dr. David E. Marcello was appointed Chairman to arrange a symposium with speakers chosen by each society and an evening dinner (the Copley-Plaza was chosen). The dinner speaker was to be Dr. Francis D. Moore, but when he found it impossible to attend, Dr. Judah Folkman graciously agreed to be the speaker. His title, "Angiogenesis, Its Implications in the Future of Surgery' was an account of the chemical and cellular factors responsible for stimulation and inhibition of new blood vessel growth, which are proving important in a better understanding of wound healing, tumor growth, etc. Inter-city discourse was continued in 1993 when the New York Surgical Society hosted the Philadelphia Surgical Society and the Boston Surgical Society for a successful joint meeting in New York City.

At the suggestion of Dr. John Braasch, the Cattell Lectureship and Visiting Professorship was introduced in 1993 in conjunction with the Lahey Clinic. This special event would be held every three years, by invitation. The first Cattell Lecture, entitled "Management of Pancreatic Cancer" was delivered by John Cameron in November 1995. The second lecture, entitled "Endoscopic Therapy for Pancreatic Disease", was presented by Jeffrey Ponsky in November 1999.

In 1993 a cash bar was introduced for the social hour just prior to each evening dinner meeting. The dinner fee was raised to $30 for members and guests and held at $15 for students, residents and fellows in training. Despite slowly increasing meeting costs, these nominal fees remained in effect through the 1990's in order to encourage attendance, particularly among trainees. Unmet expenses were covered satisfactorily with annual dues.

Interest in the programs of the Boston Surgical Society Inc. has continued undiminished over the years. The attendance has remained large, often filling to capacity the facilities in Harvard Hall at the Harvard Club on Commonwealth Avenue. Certainly the hopes and aspirations of the founders of the Society are being fully realized by today's membership.

PRESIDENTIAL ADDRESSES

Forty-eight years after its founding a proposal was made by Secretaries Welch and Frank that each president deliver an address to the Society at its annual December meeting. The first president to speak was Dr. Reginald H. Smithwick, whose address on December 10, 1962, was entitled "Some Notes on the Boston Surgical Society, Inc." His was a thoughtful review of the history of the Society, its origin, its purposes, its distinguished members, its programs, and its Bigelow medalists. Review of the titles of subsequent addresses provides an interesting cross-section of caliber and achievements of those elected to lead the Society.

At a meeting of the Executive Council on November 4, 1957 "It was agreed that the Executive Council wear formal dress at the annual meeting of the Society." This custom, a tribute to the president on the occasion of his address to the Society, has been pursued inconsistently.

A past secretary makes a plea for ending the custom of a presidential address. "Some very fine presidents have given some dull speeches full of reminiscences. Perhaps some day presidents will be elected on the grounds that they will not give speeches."

Presidential Addresses

12/10/62 Smithwick "Some Notes on the Boston Surgical Society, Inc."

12/16/63 Bartlett "The Choice of Operation for Duodenal Ulcer."

12/14/64 Fine "The Intellectual Responsibility of the Surgeon."

12/13/65 Cope "The Story of Hyperparathyroidism at the Massachusetts General Hospital."

12/12/66 Welch "The Complications of Gastric Surgery."

12/11 /67 Colcock "Lest We Forget - An Historical account of Thyroid Surgery.

12/2/68 Byrne "The Boston Disease - Pancreatitis."

12/8/69 Moore "The Boston Operation - Kidney Transplant."

12/14/70 Deterling "Spare Parts Business."

12/13/71 McDermott "The Thread of an Idea-Ammonia Intoxication Following Portal-Systemic Shunt."

12/10/72 Harrison "The Continuing Challenge of Cancer."

12/10/73 Frank "De Excitatione Cordis."

12/9/74 Sedgwick "Thyroid Tumors."

12/8/75 Murray "An Inquiry Into Indications for Surgery-Or, Is Beethoven Necessary?"

12/13/76 Donaldson "The Boston Surgical Society's First Team: Another Bicentennial Address."

12/12/77 Egdahl "Surgery and Health Planning."

12/11/78 Callow "The Stroke Prone Patient and Carotid Endarterectomy."

12/10/79 Cannon "A Follow-Up in the Boston Tradition."

12/15/80 Warren "Oliver Wendell Holmes, His Life and His Gift for Aphorism."

12/14/81 Austen "Injuries to the Genito-Urinary Tract."

12/13/82 Braasch "From the Krankenhaus to L.A.: Pathways to Progress."

12/12/83 Scannell "Some Thoracic Surgeons of Boston Before the Cardiac Balloon Went Up."

12/10/84 Burke "Progess in the Care of the Severely Burned Patient."

12/9/85 Nabseth "Young Boston Surgeons at the Little Big Horn."

12/8/86 Ellis "Impact of Surgical Research on Clinical Practice: Personal Perspectives."

12/14/87 Mannick '"The Surgeon and Research: What Have You Done For Us Lately?"

12/12/88 Nardi "The Golden Years of Surgery."

12/11/89 Silen "Veritas, Dogma, and Numbers."

12/10/90 Brooks "Surgical Illnesses in Our Presidents."

12/9/91 Cleveland "Look Back to the Future of Surgery."

12/14/92 Veidenheimer "From Under the Tent."

12/13/93 Cady "The Tobacco Wars."

12/12/94 Russell "Lessons from Transplantation."

12/11/95 Moncure "The Notables."

12/9/96 Wheeler "I Owe a Cock to Aesculapius...Will You Pay the Debt?"

12/8/97 Grillo "To Impart This Art."

12/7/98 Hendren "From an Acorn to an Oak."

12/13/99 Folkman "Antiangiogenic Therapy in the Clinic. Why Did It Begin in a Surgeon's Laboratory?"

12/4/00 Warshaw "The Pro Bono Activities of American Surgeons."

12/3/01 Whittemore "Boston Surgery: Our Legacy at Risk"

BY-LAWS

Adopted: November 25, 1914; amended: January 1916, February 1923, December 1927, December 1936, December 1938, February 1944, April 1946, February 1947, December 1954, December 1956, December 1957, December 1958, December 1959, December 1963, December 1974, December 1976, December 1981, December 1993

ARTICLE 1

Officers

§ 1. The officers of the Society (in addition to the Executive Council) shall be a president, a president-elect, a vice-president, a secretary, a treasurer and a dinner chairman.

§ 2. The foregoing officers shall be elected at the annual meeting of the Society in December, and shall hold office for one year from the first day of the following January. The president shall not be eligible for immediate reelection.

§ 3. In case of a vacancy, an officer shall be elected for the unexpired term, except that the vice-president shall take the place of the president and a new vice-president shall be elected for the unexpired term of the latter. Each vacancy shall be announced after at the next stated meeting of the Society after its occurrence and the election to fill the same shall be held at the next following stated meeting, the notice of which shall announce that the election is to take place.

§ 4. The general conduct of the Society's affairs shall be in the hands of an executive Council or Board with the power of directors, which shall be composed of the president, the president-elect, the vice-president, the secretary, the treasurer, the dinner chairman, the outgoing president who shall serve for two years; and five other members. One of the said five other members shall be elected at the annual meeting of the Society, held in December of each year and shall hold office for five years from the first of the following January. The Council may make its own rules as to holding its meetings and giving notice thereof.

§ 5. In case of a vacancy among the said five last mentioned members of the Council, whether caused by an election to an office named in Section 1 of this Article or otherwise, the office shall be filled at the next stated meeting of the Society, in the notice of which the vacancy and election shall be announced.

§ 6. The foregoing provisions as to the terms of officers and members of the Council are subject to the following: the first officers and Council shall be elected at the first meeting of the incorporators and shall hold office for the following terms respectively: the president, vice-president, the secretary-treasurer until January 1, 1917; and the five other members of the Council as follows: one until January 1,1916; one until January 1, 1917; one until January 1, 1918; one until January 1, 1919; and one until January 1, 1920.

ARTICLE II

§ 1. There shall be four classes of membership: *active*, *non-resident*, *senior*, and *honorary*.

§ 2. *Active Members* - In order for a surgeon to be considered eligible for active membership, he must have fulfilled the following requirements:

(1) He must have been certified by the American Board of Surgery or the American Board in the specialty which he has selected.

(2) He must be a Fellow of the American College of Surgeons.

(3) He must have an unqualified professional record and must relate his practice and/or academic

activities to the Massachusetts area and surrounding states.

At its discretion, the Executive Council may propose for membership any candidate who does not fulfill these qualifications if they do so by unanimous vote of those present at a stated meeting of the Council.

§ 3. *Nonresident Members* - An active member who by reason of moving his practice to a place so far from Boston that he cannot be expected to participate regularly in the affairs of the Society shall be offered the privilege, in writing, of becoming a nonresident member or of resigning from the Society. Nonresident members do not pay dues, are not eligible for office, and may not vote, but may take part in the work of the Society.

§ 4. *Senior Members* - An active member may become a senior member upon vote of the Council on reaching the age of sixty-five, or earlier, under special circumstances. A written request for this transfer should be sent to the secretary. An active member may also be declared a senior member as described in Article III, Section 3. nonresidentSenior members shall not pay dues and shall not be eligible for office, but may vote and take part in the scientific work of the Society.

§ 5. *Honorary Members* - Any distinguished surgeon whose name shall have been approved by the Executive Council, whether or not a resident of the City of Boston, may be elected an honorary member by a unanimous vote at any meeting of the Society.

§ 6. No person shall be elected a member who has not been nominated by the Council. Members may suggest the names of candidates, in writing, to the Council, which shall not be limited, however, in making nominations to the candidates so suggested. A two-thirds affirmative vote of the Council shall be necessary for nomination.

§7. Prior to October 1 of each year, applications for membership must be in the hands of the secretary. The secretary shall send to each active and senior member, before October 25, the names of the applicants who seem to be suitable for membership. Members who have comments pro and con on a candidate should mail them to the secretary before November 7th. Following this date, the Executive Council will compile a list of candidates to be voted on at the Annual Meeting and mail it to each member.

§ 8. The election of new members shall take place at the December stated meeting of each year.

§9. A two-thirds affirmative vote of the active members present shall be required for election into the Society.

ARTICLE III

Dues

§1. Members shall pay annual dues, covering each calendar year, the amount of which for each year shall be determined by vote of the Society at the meeting in December. The proposed amount of annual dues shall be recommended by the Executive Council at the first Executive meeting in June of each year and approved by the Society.

§ 2. The initiation fee for new members shall be ten dollars.

§ 3. The names of members whose dues remain unpaid after three notifications, not less than one month apart, may be dropped from the roll of membership or transferred to the senior list according to the discretion of the Executive Council.

Voted: February 25, 1942, to omit dues for members in the armed forces for the duration of active service. Please notify treasurer if on active duty.

ARTICLE IV

Meetings

§ 1. The stated meeting in December shall be the Annual Meeting. The other stated meetings may be held on any day in November, January, February, March and April that the Executive Council may deem advisable.

§ 2. At the beginning of each meeting an executive session may be held, during which only members of the Society shall be present. At this session the minutes of the previous executive session shall be read, the members and officers elected and any ordinary business of the Society transacted.

ARTICLE V
Suspension of By-Laws

The provisions of Section 2 of Article IV may be suspended at any meeting by a two-thirds vote of the active members present.

ARTICLE VI
Amendments

These By-Laws may be amended at any stated meeting provided that notice of the proposed amendment be given in the notice calling such meeting and also be given at the last preceding meeting. Articles III through V, inclusive, may be amended by a majority vote of the active members present, but Article I, II, and VI shall not be amended except by a two-thirds affirmative vote at a meeting at which at least one-third of the active members are present.

OFFICERS
PRESIDENTS

George H. Monks	1915-16
Charles L. Scudder	1917-18
Harvey Cushing	1919-20
Robert W. Lovett	1921-22
John T. Bottomley	1923-24
Charles A. Porter	1925-26
Joshua C. Hubbard	1927-28
Robert B. Greenough	1929-30
Fred B. Lund	1931-32
David Cheever	1933-34
Channing C. Simmons	1935-36
William C. Quinby	1937-38
William E. Ladd	1939-40
Irving J. Walker	1941-42
Arthur W. Allen	1943-44
Howard M. Cute	1945
Donald Munro	1946
Joe V. Meigs	1947
Thomas H. Lanman	1948
Francis C Newton	1949
Leland S. McKittrick	1950
Richard B. Cattell	1951
Grantley W. Taylor	1952
Roger C. Graves	1953
Richard H. Sweet	1954
Samuel F. Marshall	1955
E. Everett O'Neil	1956
Langdon Parsons	1957
Henry H. Faxon	1958
Franc D. Ingraham	1959
Robert R. Linton	1960
Charles C. Lund	1961
Reginald H. Smithwick	1962
Marshall K. Bartlett	1963
Jacob Fine	1964
Oliver Cope	1965
Claude E. Welch	1966
Bentley P. Colcock	1967
John J. Byrne	1968
Francis D. Moore	1969

Ralph A. Deterling, Jr.	1970
William V. McDermott	1971
J. Hartwell Harrison	1972
Howard A. Frank	1973
Cornelius E. Sedgwick	1974
Joseph E. Murray	1975
Gordon A. Donaldson	1976
Richard H. Egdahl	1977
Allan D. Callow	1978
Bradford Cannon	1979
Richard Warren	1980
George Austen, Jr.	1981
John W. Braasch	1982
Gordon J. Scannell	1983
John F. Burke	1984
Donald C. Nabseth	1985
F. Henry Ellis, Jr.	1986
John A. Mannick	1987
George L. Nardi	1988
William Silen	1989
John R. Brooks	1990
Richard J. Cleveland	1991
Malcolm C. Veidenheimer	1992
Blake Cady	1993
Paul S. Russell	1994
Ashby C. Moncure	1995
H. Brownell Wheeler	1996
Hermes C. Grillo	1997
W. Hardy Hendren, III	1998
M. Judah Folkman	1999
Andrew L. Warshaw	2000
Anthony D. Whittemore	2001

PRESIDENT-ELECT

Elliot C. Cutler	1945
Joe V. Meigs	1946
Thomas H. Lanman	1947
Francis C Newton	1948
Leland S. McKittrick	1949
Richard B. Cattell	1950
Grantley W. Taylor	1951
Roger C. Graves	1952
Richard H. Sweet	1953

Samuel F. Marshall	1954
E. Everett O'Neil	1955
Langdon Parsons	1956
Henry H. Faxon	1957
Franc D. Ingraham	1958
Robert R. Linton	1959
Charles C. Lund	1960
Reginald H. Smithwick	1961
Marshall K. Bartlett	1962
Jacob Fine	1963
Oliver Cope	1964
Claude E. Welch	1965
Bentley P. Colcock	1966
John J. Byrne	1967
Francis D. Moore	1968
Ralph A. Deterling, Jr.	1969
William V. McDermott	1970
J. Hartwell Harrison	1971
Howard A. Frank	1972
Connelius E. Sedgwick	1973
Joseph E. Murray	1974
Gordon A. Donaldson	1975
Richard H. Egdahl	1976
Allan D. Callow	1977
Bradford Cannon	1978
Richard Warren	1979
George Austen, Jr.	1980
John W. Braasch	1981
Gordon J. Scannell	1982
John F. Burke	1983
Donald C. Nabseth	1984
F. Henry Ellis, Jr.	1985
John A. Mannick	1986
George L. Nardi	1987
William Silen	1988
John R. Brooks	1989
Richard J. Cleveland	1990
Malcolm C. Veidenheimer	1991
Blake Cady	1992
Paul S. Russel	1993
Ashby C. Moncure	1994
H. Brownell Wheeler	1995
Hermes C. Grillo	1996

W. Hardy Hendren, III	1997
M. Judah Folkman	1998
Andrew L. Warshaw	1999
Anthony D. Whittemore	2000
Patricia K. Donahoe	2001

VICE-PRESIDENT

Charles L. Scudder	1915-16
John Bapst Blake	1917-18
Charles A. Porter	1919-20
Franklin G. Balch	1921-22
George W. W. Brewster	1923-24
Frederic J. Cotton	1925-26
William P. Graves	1927-28
Horace Binney	1929-30
Stephen Rushmore	1931-32
Irving J. Walker	1933-34
Frank A. Pemberton	1935-36
Richard H. Miller	1937-38
Robert C. Cochrane	1939-40
Thomas H. Lanman	1941-42
Charles C. Lund	1943-44
Otto J. Hermann	1945
George D. Cutler	1946
Gilbert Horrax	1947
George Van S. Smith	1948
Robert C. Graves	1949
Langdon Parsons	1950
Jacob Fine	1951
Franc D. Ingraham	1952
E. Everett O'Neil	1953
Ernest M. Daland	1954
Henry H. Faxon	1955
John W. Strieder	1956
Herbert D. Adams	1957
J. Hartwell Harrison	1958
John W. Spellman	1959
Edward A. Cooney	1960
Oliver Cope	1961
Thomas J. Anglem	1962
Allen L. Davis	1963
Richard Chute	1964
Thomas B. Quigley	1965

Louis Hermanson	1966
Donald D. Matson	1967
Howard Ulfelder	1968
Bradford Cannon	1969
Gordon A. Donaldson	1970
Eugene A. Gaston	1971
Chilton Crane	1972
John R. Brooks	1973
Melvin P. Osborne	1974
Harold F. Rheinlander	1975
Irad B. Hardy	1976
Paul Gryska	1977
George Austen	1978
John W. Braasch	1979
John F. Burke	1980
Carter R. Rowe	1981
Donald C. Nabseth	1982
James M. Shannon	1983
Edwin W. Salaman	1984
Frank C. Wheelock, Jr.	1985
George Starkey	1986
John V. Pikula	1987
Eugene F. McDonough	1988
Charles W. Robertson	1989
William C. Quinby, Jr.	1990
David E. Marcello	1991
John J. Skillman	1992
W. Hardy Hendren, III	1993
John Shillito, Jr.	1994
Patricia K. Donahoe	1995
Desmond H. Birkett	1996
Anthony S. Patton	1997
Samuel H. Kim	1998
Frederick Ackroyd	1999
Thomas F. O'Donnell	2000
Clement A. Hiebert	2001

SECRETARY-TREASURER

Robert B. Greenough	1915-16
Lincoln Davis	1917
Waiter C. Howe	1918-22
Channing C. Simmons	1923-26
William C Quinby	1927-28

Robert H. Miller	1929-31
Thomas H. Lanman	1932-36
Grantley W. Taylor	1937-40
Marshall K. Bartlett	1941-42
Richard B. Cattell	1943-46
Marshall K. Bartlett	1947-48
Claude E. Welch	1949-52
Lamar Souttar	1953-56
John J. Byrne	1957-60
Howard A. Frank	1961-64
Harold F. Rhinelander	1965-69
John W. Braasch	1970-73
John F. Burke	1974-77
Michael Hume	1978-81

SECRETARY

Leslie W. Ottinger	1982-1986
Ashby C. Moncure	1987-1992
Ricardo L. Rossi	1993-1994
Anthony D. Whittemore	1995-1999
David W. Rattner	2000-

TREASURER

Pahida C. Donahoe	1982-1985
Samuel H. Rim	1986-1991
Albert Bothe	1992-1996
James O. Menzoian	1997-

EXECUTIVE COUNCIL

(Five-Year Term)

Franklin G. Balch	1915
John Bapst Blake	1915-16
John T. Bottomley	1915-17
Charles A. Porter	1915-18
James S. Stone	1915-19
Robert B. Osgood	1916-20
Arthur L. Chute	1917-21
John T. Bottomley	1918-22
John Bapst Blake	1919-23
Lincoln Davis	1920-24
Joshua C. Hubbard	1921-25
Daniel F. Jones	1922-26
Charles F. Painter	1923-27
John Homans	1924-28
William E. Ladd	1925-29
Richard H. Miller	1926-29

Channing C. Simmons	1927-31
Horace Binney	1928-29
William P. Graves	1929-33
William J. Mixter	1930
Halsey B. Loder	1930-32
Gilbert Horrax	1930-34
Frank H. Lahey	1931-35
William I. Mixter	1932-36
Arthur W. Allen	1933-37
Francis C Newton	1934-38
Donald Munro	1935-39
Howard M. Clute	1936-40
Frank R. Ober	1937-41
lames C White	1938-42
Louis E. Phaneuf	1939-43
Otto J. Hermann	1940-44
Henry H. Faxon	1941-45
George Van S. Smith	1942-46
Francis C. Newton	1943-47
Jacob Fine	1944-48
Leland S. McKittrick	1945-49
Richard I. Smith	1946-50
Samuel N. Vose	1947-51
C. Stuart Welch	1948-52
Henry H. Faxon	1949-53
John W. Spellman	1950-54
Alexander J.A. Campbell	1951-55
Thomas]. Anglem	1952-56
J. Englebert Dunphy	1953-57
Marshall K. Bartlett	1954-58
David D. Berlin	1955-59
Orvar Swenson	1956-60
Lamar Souttar	1957-61
Charles G. Child, III	1958
Thomas W. Botsford	1958-62
Bentley P. Colcock	1959-63
Claude E. Welch	1960-64
John J. Byrne	1961-65
Ralph A. Deterling, Jr.	1962-66
Richard Warren	1964-67
William V. McDermott, Jr.	1964-68
Howard A. Frank	1965-69
Richard Egdahl	1966-70
Donald C. Nabseth	1967-71

Cornelius E. Sedgwick	1968-72
George L. Nardi	1969-73
Richard H. Stanton	1970-74
George Austen	1971-75
John A. Mannick	1972-76
Allan D. Callow	1973-77
Paul S. Russell	1974-78
Carter R. Rowe	1975-79
Carl K. Olsson	1976-79
Michael Hume	1977-78
Herbert Hechtman	1978-82
Edwin Salzman	1978-83
Frank C Wheelock, Jr.	1979-84
M.C. Veidenheimer	1980-85
F. Henry Ellis, Jr.	1979-80
William Silen	1981-85
Lester Williams	1982-84
Richard J. Cleveland	1983-87
Jade S. Parker	1984-88
James M. Shannon	1985-89
Charles N. Peabody	1985-86
Lucian L. Leape	1986
David E. Marcello	1987-90
John J. Skillman	1987-91
Glenn Steele	1988-92
Isaac O. Mehrez	1989-94
Edward B. Gray, Jr.	1990-94
H. Brownell Wheeler	1991-95
David J. Martini	1992-97
Desmond H. Birkett	1993-98
Thomas F. O'Donnell	1994-99
John G. Sullivan	1995-2000
Frank W. LoGerfo	1995-2000
Joseph K. Hurd	1995-2002
Mitchell P. Fink	1998-1999
Richard S. Swanson	1999-2004
Douglas J. Mathisen	2000-01
David J. Schoetz	2000-03
Walter B. Goldfarb	2000-05

DINNER CHAIRMAN

John B. McKittrick	1953
Howard A. Frank	1954-56
Frank C. Wheelock, Jr.	1957-61
Cornelius E. Sedgwick	1962-65
George W.B. Starkey	1966-69
Paul E. Gryska	1970-72
John V. Pikula	1973-75
Charles W. Robertson	1976-78
Ashby C. Moncure	1979-81
Ricard L. Rossi	1985-88
Randolph B. Reinhold	1989-91
Frederick Ackroyd	1992-98
Magruder C. Donaldson	1999-

ACTIVE MEMBERS 2000

Abbott, William M.	15 Parkman Street, ACC 458 Boston, MA 02114
Achenbach, Hart	437 Ipswich Road, Boxford, MA 01921
NR — Akbari, Cameron M.	110 Francis Street, Suite 5B, Boston, MA 02215
Akins, Cary W.	MGH - White 503, Boston, MA 02114
Alberts, Leonard H.	P.O. Box 613, Provincetown, MA 02657
Althausen, Alex F.	One Hawthorne Pl., Boston, MA 02114
Ambrosino, John J.	61 Libby Street, Brockton, MA 02302
Arous, Elias	Worcester Med. Ctr., 20 Worcester Center Blvd. Level 2 North Wing, Worcester, MA 01608
Ashley , Stanley	W.Brigham & Women's Hospital Department of Surgery 75 Francis St., Boston, MA 02115
Atala, Anthony	300 Longwood Avenue, Boston, MA 02215
Auchincloss, Jr. Hugh	Mass. General Hospital, Boston, MA 02114
Austen W. Gerald	Mass. General Hospital, Boston, MA 02114
Avradopoulos, Konstantino	1223 Arbor Drive, Shrewsbury, MA 01545
Azadian , Harry Y.	82 Sylvan Lane,Weston, MA 02493
Babineau , Timothy	J.88 E. Newton St. C 520 Boston, MA 02215
Barrie , Joseph R.	John Cuming Building, 760 Concord, MA 01742
Bartlett, Frederick F.	300 Mt. Auburn St., 407 Cambridge, MA 02138
Basu, Shantanu	N.E. Baptist Hospital, 91 Parker Hill Avenue, Roxbury, MA 02111
Bauer, Stuart B.	Children's Hospital 300 Longwood Avenue, Boston, MA 02115
Beazley, Robert M.	88 East Newton Boston, MA 02118
Becher, Robert M.	966A Park Street , Stoughton , MA 02072
Becker , James M.	BU Medical Center Hospital 88 E. Newton Streeet Boston, MA 02118
Belkin, Michael	75 Francis Street, Boston, MA 02115
Bierbaum , Benjamin E.	830 Boylston Street, Chestnut Hill, MA 02167
Birkett, Desmond H.	41 Mall Road Burlington , MA 01805
Biuckians, G. T.	20 Hope Avenue, G6 Waltham, MA 02154-2709
Bleday, Ronald	Brigham & Women's Hospital 45 Francis Street, ASBII Boston, MA 02215
Bojar , Robert M.	750 Washington St. Box 266 Boston, MA
Brams, David M.	Lahey Hitchcock Medical Ct., Dept. of General Surgery, 41 Mall Road, Burlington, MA 01805
Brewster, David C.	One Hawthorne Pl., 111-112 Boston MA 02114
Briggs, Susan	8 Hawthorne Place, #110 Boston, MA 02114
Brooks, David C.	Brigham & Women's Hospital, 75 Francis Street, Boston, MA 02115
Brotschi, Erica A.	Boston VAMC 140 S. Huntington Avenue, Boston MA 02130
Bueno, Raphael	75 Francis Street, Boston, MA 02115
Burke, Peter A.	Boston Medical Center 1 Boston Med Ctr Pl, D2S, Boston, MA 02118

Cabot, Edmund B.	Cabot-Wellington 70 Federal Street, Boston, MA 02110
Cachecho, Riad	PO Box 1070, Fall River, MA 02722
Cady, Blake	The Breast Health Ctr . Womens & Infants Hospital 101 Dudley Street,Providence, RI 02905
Cahalane, Michael	BIDMC East Campus, 330 Brookline Avenue, Boston, MA 02215
Callery, Mark	P.U. Mass. Medical Center, 55 Lake Avenue, Worcester, MA 01655
Callow, Allan	88 E. Newton Street, NEB606, Boston, MA 02118
Cambria, Richard	15 Parkman Street, Boston, MA 02114
Camer, Stephen J.	70 Parker Hill Ave. Boston, MA 02120
Campbell, David R.	110 Francis Street, 9C Boston, MA 02215
Campos, Christian T.	Worcester Medical Center, 20 Worcester Center Pl. Worcester, MA 01608
Cantelmo, Nancy L.	Boston VAMC, Surgery (112)150 S. Huntington Avenue, Boston, MA 02130
Canzanelli, Carl J.	247 Appleton Street, Arlington, MA 02476
Caushaj, Philip F.	West Penn Hospital 4800 Friendship Avenue,Pittsburgh, PA 15224
Chappell, John S.	U. Mass. Medical Center 55 Lake Avenue, North Worcester, MA 01655
Cho, Sang I.	Boston Medical Center 88 E. Newton St., D511 Boston, MA 02118
Christian, Roger L.	75 Francis Street, Boston, MA 02115
Church, Paul A.	1153 Center Street, Suite 58 Jamaica Plain, MA 02130
Cochran, Jr. Thomas C.	170 Commonwealth Ave.Boston, MA 02116
Coe, Nicholas P.	759 Chestnut Street, Springfield, MA 01199
Cohn, Lawrence H.	75 Francis Street, Boston, MA 02115
Cohn, William E.	110 Francis Street, Suite 2A, Boston, MA 02215
Coller, John A.	41 Mall Road, Box 541 Burlington, MA 01805
Conlan A. Alan	U. Mass Medical Center 55 Lake Avenue, North Worcester , MA 01655
Conn, Alasdair K.	T.MGH, White Building Boston, MA 02114
Conte, Michael S.	Brigham & Women's Hospital, Vascular Surgery 75 Francis Street, Boston, MA 02115
Corey, Christopher J.	966A Park Street, Stoughton, MA 02072
Corlette, Jr. Marvin B.	366 Mass Ave. Suite 101Arlington ,MA 02174
Cosimi A. Benedict	MGH, White Bldg., 5th Flr. Boston, MA 02114
Couper, David	Transp. Bio. Research Ctr. Bldg. 149 13th Street, Charlestown, MA 02129
Couper, Gregory S.	75 Francis Street, Boston, MA 02115
Critchlow, Jonathan	BIDMC East Campus 330 Brookline Avenue, Boston, MA 02215
Cusak, Jr. James C.	Mass General Hospital, COX Bldg, Suite 626 Boston, MA 02114

Daly, Benedict T.	171 Harrison Ave., Box 266 Boston, MA 02111
Davis, Allen B.	61 Libby Street, Brockton, MA 02302
Delmonico, Francis L.	Mass. General Hospital Boston, MA 02114
Demling, Robert	Brigham & Women's Hospital 75 Francis Street, Boston, MA 02115
Diamond, David A.	44 Columbine Rd. L Dr. Newton, MA 02159-3444
Divinagracia, Tomas D.	700 Congress Street, #201Quincy, MA 02169
Donahoe, Patricia K.	Mass. General Hospital 32 Fruit Street, Boston, MA 02114
Donaldson, Magruder C.	Brigham & Women's Hospital 75 Francis Street, Boston, MA 02115
Donelan, Matthias	Mass. General Hospital Boston, MA 02114
Doody, Daniel P.	Mass. General Hospital Boston, MA 02114
Dragone, Anthony J.	700 Congress Streeet, #201 Quincy, MA 02169
Dretler, Stephen P.	Mass. General Hospital Boston, MA 02114
Driscoll, Robert P.	62 Columbian Street, S. Weymouth, MA 02190
Duda, Rosemary B.	330 Brookline Avenue, Boston, MA 02215
Eriksson, Elof	75 Francis Street, Boston, MA 02115
Ewton, Robert S.	2000 Washington Street, Newton, MA 02162
Eyre, Robert C,	110 Francis Street, Boston, MA 02215
Feldman, Joel J.	300 Mt. Auburn St., #304 Cambridge, MA 02238
Ferguson, Charles	275 Cambridge St., #502 Boston, MA 02114
Fernandez, Carlos	15 Parkman Street, ACC 464 Boston, MA 02114
Ferrante, Giovanni	780 Main Street, S. Weymouth, MA 02190
Filtzer, Horst S.	366 Massachusetts Ave, 101Arlington, MA 02174
Fischer, Josef E.	Beth Israel-Deaconess, 330 Brookline Ave., Boston, MA 02215
Fishman, Steven J.	Children's Hosp. Med. Ctr. 300 Longwood Avenue, Boston, MA 02115
Fitzpatrick, Garry F.	88 East Newton St., D51Boston, MA 02118
Florian, Agustin M.	825 Washington St., #18 Norwood, MA 02062
Flynn, Jr. William F.	22 Mill Street, Arlington, MA 02174
Folkman, Judah	18 Chatham Circle Brookline MA 02146
Forse, Armour R.	Boston Medical Center 88 E. Newton Street, D507, Boston, MA 02118
Fox, Andrew	Fallon Clinic, 150 Gold Star Blvd., Worcester, MA 01606
Freeman, Dorothy V.	110 Francis Street, 5B Boston, MA 02215
Freeman, Richard B.	New England Medical Ctr., 750 Washington Street, Box 40, Boston, MA 02111
Friedmann, Paul	759 Chestnut Street, Springfield, MA 01199
Froio, Ralph J.	62 Columbian Street, S. Weymouth, MA 02190
Fuller, Arlan F.	Cox 120, 100 Blossom St. Boston, MA 02114
Fugelso, Dana K.	300 Warren St., Brookline, MA 02445
Furey, Patricia C.	1154 Center Street, Suite 35, Boston, MA 02130
Gaissert, Henning A.	15 Old Colony Drive, Dover, MA 02030

Gallitano, Alphonse L.	32 South Street, Waltham, MA 02154
Ganguly, Syama P.	851 Main Street, #23 S. Weymouth, MA 02190
Gates, Jonathan	Brigham & Women's Hospital, Vascular Surgery 75 Francis Street, Boston, MA 02115
Gaz, Randall	15 Parkman Street, 716 Boston, MA 02114
Gazmuri, Pablo G.	300 Chestnut Street, Suite 300 Needham, MA 02192
Gembarowicz , Ronald M.	2000 Washington Street, Newton, MA 02162
Geoghegan, Lawrence T.	330 Mt. Auburn Street, 408 Cambridge, MA 02138
Gertler, Jonathan P.	15 Westcliff Road, Weston, MA 02493
Gibbons, Gary W.	Commonwealth Med. Group 930 Commonwealth Avenue, Boston, MA 02215
Glasgow, Arthur H.	825 Washington Street, 390 Norwood, MA 02062
Goldfarb, Walter	72 West Street, Portland, ME 04102
Goldman, Leon	BIDMC East Campus 330 Brookline Avenue, Boston, MA 02215
Gordon, Edward T.	20 Longmeadow Road, Milton, MA 02186
Grable, Ernest	2000 Washington St., 670 Newton, MA 02162
Greenberg, Harold L.	1269 Beacon Street, Brookline, MA 02446
Grillo, Hermes C.	Mass. General Hospital Boston, MA 02114
Grindlinger, Gene A.	MMC Surg Assoc. 887 Congress St, Ste 210 Portland, ME 04102
Gryska, Paul V.	2000 Washington St., 365 Newton, MA 02162
Hasiotis, Christos	725 Concord Avenue, Cambridge, MA 02138
Haynes, Henry D.	833 Main Street, Melrose, MA 02176
Heafitz, Morton	101 George P. Hassett Dr. Medford, MA 02155
Healy, Gerald B.	300 Longwood Avenue, Boston, MA 02115
Henderson, Milton E.	127 East Emerson Street, Melrose, MA 02176
Hendren III, W. Hardy	300 Longwood Avenue, Boston, MA 02115
Heney, Niall M.	Mass. General Hospital Boston, MA 02114
Herrmann, John B.	U. Mass. Medical Center 55 Lake Avenue, North Worcester, MA 01655
Hilgenberg, Alan D.	Mass. General Hospital Boston, MA 02114
Hirsch, Erwin F.	75 E. Newton St., RD 502 Boston, MA 02118
Hodin, Richard A.	Massachusetts General Hosp., Fruit Street, Boston MA 02114
Holmblad , Christian J.	366 Massachusetts Avenue, Arlington, MA 02174
Homsy, Farhat	N.N.E. Baptist Hospital, 91 Parker Hill Avenue Roxbury, MA 02111
Howe, Kenneth	c/o Colocousis 27 Purchase Street, Middleboro, MA 02346
Hughes, Kevin S.	Lahey Clinic, 41 Mall Road, Burlington, MA 01805
Hurd, Joseph	41 Mall Road, Burlington, MA 01805
Hurley, Liam J.	Northeast Urologic Surgery, 198 Mass. Ave., North Andover, MA 01845
Hyatt, David	966 B Park Street, Stoughton, MA 02072

Iovino, Joseph F.	62 Columbian Street, S. Weymouth, MA 02190
Jacobsen, David C.	Brigham & Womens Hospital, 75 Francis Street Boston, MA 02215
Janes, Kenneth A.	190 Groton Road, 210 Ayer , MA 01432
Jenkins, Roger L.	Lahey Clinic, 41 Mall Road, Burlington, MA 01805
Jewell, Edward R.	41 Mall Road, Burlington, MA 01805
Johnston-Carter, Katharine	265 Castle Road, Nahant, MA 01908
Johnson, Stephen H.	851 Main Street, S. Weymouth, MA 02190
Josephs, Leon G.	805 Washington Street, Suite 160 Norwood, MA 02062
Kaban, Leonard	Mass General Hospital, Warren 1201, Boston, MA 02114
Kaelin, Carolyn M.	Brigham & Women's, 75 Francis St., Boston MA 02115
Kahan, Morton G.	2000 Washington St., 365 Newton, MA 02162
Kasparian, Armen	300 Mt. Auburn Street, 305 Cambridge, MA 02138
Kavanah, Maureen	T,One Boston Med Ctr Pl. D510 Boston, MA 02118
Kearney, Gary P.	319 Longwood Avenue, Boston, MA 02115
Kechejian, Gregory	Carney Hospital 2100 Dorchester Avenue,Dorchester, MA 02124
Kempster, Michael	340 Wood Road, Braintree, MA 02184
Kennedy, Patricia R.	Faulkner Breast Center, 1153 Centre St., Boston MA 02130
Kenney, Pardon	1153 Centre Street, Boston, MA 02130
Khauli, Raja	B.U. Mass. Medical Center 55 Lake Avenue, S4-866 Worcester, MA 01655
Kim, Samuel H.	Mass. General Hospital Boston, MA 02114
Klein, Robert	Medical Office Bldg #203 87 Union Street, Framingham, MA 01760
Knab, Richard E.	Hitchcock Clinic, 100 Hitchcock Way, Manchester, NH 03104
Koehler, Richard	P.O. Box 1477, Oak Bluffs, MA 02557
Kondi, Edward S.	720 Harrison Avenue, 606 Boston, MA 02118
Krane, Robert J.	Mass General Hospital 55 Fruit St., GRB 1102 Boston, MA 02114
Kuriakose, T. X.	41 Arborway, Jamaica Plain, MA 02130
LaMuraglia, Glenn M.	Mass. General Hospital Boston, MA 02114
Lahey, Stephen J.	Worcester Medical Center, 20 Worcester Center Blvd., Worcester, MA 01608
Latchaw, Laurie A.	750 Washington St./Box 281Boston, MA 02111
Lawson, Dexter W.	30 Hilltop Drive, Wenham, MA 01984
Leonardi, Howard K.	78 High Street, Winchester, MA 01890
Levitsky, Sidney	110 Francis Street, 2C Boston, MA 02215
Lewis, Michael B.	750 Washington Street, Boston , MA 02111
Lewis, William D.	Lahey Clinic, 41 Mall Road, Burlington, MA 01805
Lillehei, Craig W.	300 Longwood Avenue, Boston, MA 02115

Litner, Richard H.	One Center Court Malden, MA 02148
LoCicero III, Joseph	110 Francis Street, 2C Boston, MA 02215
LoGerfo, Frank	110 Francis Street, 5B Boston, MA 02215
Lopez, Marvin J.	736 Cambridge Street, 406 Boston, MA 02135
Lotfi, M. Wael	236 Highland Avenue, Somerville, MA 02143
Loughlin, Kevin	111 Cypress Street, Brookline, MA 02445
Lowney, Bruce W.	720 Harrison Avenue, Suite 906, Boston, MA 02118
Lydon, Peter J.	825 Washington Street, 160 Norwood, MA 02062
Mackey, William C.	750 Washington St., 1035 Boston, MA 02111
Madras, Peter N.	32 Montrose Street, Newton, MA 02158
Madsen, Joren C.	Mass. General Hospital, Fruit Street, Boston, MA 02114
Maggs, Peter R.	300 Mt. Auburn St., #505 Cambridge, MA 02138
Maini, Baltej S.	The Fallon Clinic 100 Central Street, Worcester, MA 01608
Malone, Michael J.	41 Mall Road, Burlington, MA 01805
Mannick, John A.	75 Francis Street, Boston,MA 02115
Margolies, Michael	15 Parkman Street, ACC 465, Boston, MA 02114
Margolis, Steven F.	242 Baker Avenue, Concord, MA 01742
Mariano, Arcangelo V.	800 Washington Street, Canton, MA 02021
Marshall, Kenneth A.	330 Mt. Auburn Street, Cambridge, MA 02138
Martin, Maureen	110 Francis Street, Suite 9D, Boston, MA 02215
Martini, David J.	79 Highland Avenue, Salem, MA 01970
Mathews, Jeffrey B.	77 Heath St., Brookline, MA 02445
Mathisen, Douglas	Mass. General Hospital, Boston, MA 02114
Matory, Yvedt L.	75 Francis Street, Boston, MA 02115
May, James W.	15 Parkman Street, ACC 453, Boston, MA 02114
May Jr., George A.	2000 Washington St., #365, Newton, MA 02162
Mayzel, Kathleen A.	1153 Centre Street, Jamaica Plain, MA 02130
McAneny, David B.	88 E. Newton Street, Boston, MA 02118
McBride, Kevin J.	2110 Dorchester Ave., #314, Boston, MA 02124
McCabe, Charles J.	32 Fruit Street, White 1, Boston, MA 02114
McCarthy, Philip E.	825 Washington St., #270, Norwood, MA 02062
McDougal, Scott W.	Mass. General Hospital, Boston, MA 02114
McGill, Trevor J.	300 Longwood Avenue, Boston, MA 02115
McGovern, Francis J.	One Hawthorne Place, Boston, MA 02114
McKay, Donald	22 Mill Street, Belmont, MA 02178
McManama, George B.	63 Pinehurst Road, Belmont, MA 02178
Mehrez, Isaac O.	25 Hillcrest Road, Belmont, MA 02178
Mentzer, Steven J.	Brigham & Women's HospitalThoracic Surgery 75 Francis Street, Boston, MA 02115
Menzoian, James O.	BMC 88 E. Newton St., D506, Boston, MA 02118
Merino, Manuel J.	87 Chestnut Street, Needham, MA 02192
Miller, Leonard B.	One Brookline Place, Brookline, MA 02146
Millham, Frederick H.	8 Pilgrim Road, Waban, MA 02168
Mintz, Mayer R.	50 Rowe Street, Suite 100, Melrose, MA 02176-32
Monaco, Anthony	One Deaconess Road, Boston, MA 02215

Moncure, Ashby C.	15 Parkman Street, ACC 335, Boston, MA 02114
Moon, Richard H. S.	11 Nevins Street, #306, Brighton, MA 02135
Moore Jr., Francis D.	75 Francis Street, Boston, MA 02115
Moorman, Donald W.	110 Francis Street, Suite 3A, Boston, MA 02215
Morris, Donald J.	Beth Israel-Deaconess, 330 Brookline Avenue, Boston, MA 02115
Mowschenson, Peter M.	1180 Beacon Street, Brookline, MA 02146
Moylan, Robert E.	300 Mt. Auburn Street, 508, Cambridge, MA 02138
Mulliken, John B.	75 Francis Street, Boston, MA 02115
Munson, Lawrence J.	41 Mall Road, Burlington, MA 01805
Murray, John	41 Mall Road, Burlington, MA 01805
Myers, William C.U.	Mass. Medical Center, 55 Lake Avenue, S3-820, Worcester, MA 06155
Nauta, Russell J.	Mt. Auburn Hospital, Dept. of Surgery 330 Mt. Auburn St., Cambridge, MA 02238
Nieh, Peter T.	41 Mall Road, Burlington, MA 01805
Norris Jr., Charles	
O'Brien, Eric C.	129 High Street, Winchester, MA 01890-3334
O'Donnell, KevinF.	11 Nevins Street, #201, Brighton, MA 02135
O'Donnell, Thomas	F.NEMC, 750 Washington St., Boston, MA 02111
O'Leary, Michael P.	75 Francis Street, Boston, MA 02115
O'Neill, Michael R.	75 Washington Street, Norwell, MA 02061
O'Sullivan, Renee	14 Denton Road, Wellesley, MA 02181
Orgill, Dennis P.	Brigham & Women's Hosp., Reconstructive Surgery, 75 Francis Street, Boston, MA 02115
Osteen, Robert T.	75 Francis Street, Boston, MA 02115
Ottinger, Leslie W.	6 Harbor Terrace, Nantucket, MA 02554
Pais, Vernon	11 Nevin Street, 501, Boston, MA 02135-3514
Paniszyn, Charles C.	2000 Washington Street, Newton, MA 02162
Patalano, Vincent	7 Wainwright Road, #117 , Winchester, MA 01890
Patton, Anthony	159 Locust Street, Danvers, MA 01923
Patwardhan, Nilima A.	55 Lake Avenue North, Worcester, MA 01655
Persson, Alfred V.	5 Dean Road, Wellesley, MA 02181
Peterson, Lynn M.	Brigham & Womens Hospital 75 Francis Street, Boston, MA 02115
Petros, James G.	736 Cambridge Street , Brighton, MA 02135
Pomposelli, Frank B.	New England Baptist Hospital 125 Parker Hill Ave., Boston, MA 02120
Pories, Susan	725 Concord Avenue, Cambridge, MA 02138
Porter, Kathleen A.	736 Cambridge Street , Brighton, MA 02135
Powelson, John	Brigham & Womens Hospital, 175 Francis Street, Boston, MA 02115
Puyana, Juan Carlos	Brigham & Women's, 75 Francis St., Boston, MA 02115
Quinlan, Robert, M.	67 Belmont Street, Worcester, MA 01605
Rachelin, William S.	515 Clinton Road, Chestnut Hill, MA 02467

Raftery, Kevin B.	Lahey Clinic Med. Ctr, 41 Mall Road, Burlington, MA 01805
Rattner, David W.	Mass. General Hospital, Boston, MA 02114
Razvi, Syed A.	11 Nevins Street, #407, Brighton, MA 02135
Reid, William P.	759 Chestnut Street, Springfield, MA 02081
Reid, Gerald W.	1428 Main Street, #2, Walpole, MA 02081
Reilly, Philip S.	825 Washington St. #160, Norwood, MA 02062
Reines, David H.	2000 Washington St., 204, Newton, MA 02162
Remensnyder, John P.	Mass. General Hospital, Boston, MA 02114
Retik, Alan B.	300 Longwood Avenue, Boston, MA 02115
Richie, Jerome P.	45 Francis St., ASBII-3, Boston, MA 02115
Riester, Walter, H.	300 Quannapowitt Parkway, Wakefield, MA 01880-1314
Roberts, Patricia L.	41 Mall Road, Burlington, MA 01805
Robinson, Malcolm K.	Brigham & Women's Hosp., 75 Francis Street, Boston, MA 02115
Rodkey, Grant	11 Beatrice Circle, Belmont, MA 02178
Romero, Loyde H.	101 George P. Hassett Dr., Medford, MA 02155
Rosenblatt, Michael S.	Lahey Clinic, 41 Mall Road, Burlington, MA 01805
Rothkopf, Douglas M.	55 Lake Avenue North, Worcester, MA 01605
Rothschild, Janice G.	750 Washington Street, 359, Boston, MA 02111
Roy, Ghosh A.	100 Highland St., #204, Milton, MA 02186
Rusin, Lawrence C.	41 Mall Road, Burlington, MA 01805
Russell, Paul S.	Mass. General Hospital, Boston, MA 02114
Russo, Vincent J.	16 Seaview Lane, Newbury, MA 01951
Ryan, Colleen M.	Mass. General Hospital, Boston, MA 02114
Ryan, Daniel P.	144 Partridge Lane, Concord, MA 01742
Sacknoff, Eric J.	300 Mt. Auburn St., #519, Cambridge, MA 02238
Sakellarides, Harilaos T.	3 Hawthorne Place, S102, Boston, MA 02114
Samaha, Maher M.	440 Pleasant Street, Malden, MA 02148
Sanders, Laura E.	41 Mall Road, Burlington, MA 01805
Schnitzer, Jay J.	Mass. General Hospital, Department of Surgery, Fruit Street, Boston, MA 02114
Schoetz Jr., David J.	41 Mall Road, Burlington, MA 01805
Schuler, John G.	Mt. Auburn Hospital, 300 Mt. Auburn Street, Cambridge, MA 02138
Scott, Michael R.	300 Longwood Avenue, Boston, MA 02115
Seckel, Brooke R.	21 River Streetm, Concord, MA 01742
Selke, Frank W.	330 Brookline Avenue, Boston, MA 02215
~~Seltzman, Edwin~~	~~68 Francis Avenue, Cambridge, MA 03128~~
Senatore, Peter J.	75 Washington Street, Norwell, MA 02061
Sentissi, Joanna M.	2000 Washington St., #365, Newton, MA 02162
Sentovich, Stephen M.	BMC, 88 E. Newton Street, C520, Boston, MA 02118
Serrano, Alfonso	50 Rowe Street, Suite 100, Melrose, MA 02176-3201

Shaffer, David	110 Francis Street #214, Boston, MA 02215
Shahian, David	41 Mall Road, Burlington, MA 01805
Shamberger, Robert C.	300 Longwood Avenue, Boston, MA 02115
Shellito, Paul	15 Parkman Street, ACC-336, Boston, MA 02114
Shemin, Richard J.	88 E. Newton Street, Boston, MA 02118-2393
Sheridan, Robert L.	Mass. General Hospital, Boston, MA 02114
Shikora, Scott A.	NEMC 750 Washington St., Box 900, Boston MA 02111
Silva, Wayne E.	234 Spring Street, Shrewsbury, MA 01545
Sizer, Jack S.	120 Chestnut Hill Road, Killingworth, CT 06417
Singer, Samuel	75 Francis Street, Boston, MA 02115
Skillman, John J.	330 Brookline Avenue, Boston, MA 02215
Smith, Barbara L.	Mass. General Hospital, Boston, MA 02114
Smith III, John J.	41 Mall Road, Burlington, MA 01805
Souba, Wiley W.	Mass. General Hospital, Boston , MA 02114
Spievack, Alan R.	6 Old Dee Road, Cambridge, MA 02138
Spirito, Nicholas	33 Bartlett St. 407, Lowell, MA 01852
Splaine Jr., Edward F.	302 Washington St., Gloucester, MA 01930
Staffier, Edward J.	103 Garland Street, Everett, MA 02149
Stannard, Victoria A.	63 Columbian Street, So. Weymouth, MA 02190
Steer, Michael L.	330 Brookline Avenue, Boston, MA 02215
Steinberg, Jeffrey	Cambridge Hospital, Department of Surgery, 1493 Cambridge St., Cambridge, MA 02139
Stoker, Mark E.	Fallon Medical Center, 135 Gold Star Blvd., Worcester, MA 01606
Stone, Michael	Boston Medical Center, 88 E. Newton Street, D604, Boston, MA 02118
Sugarbaker, David, J.	75 Francis Street, Boston, MA 02115
Sullivan, John G.	11 Nevins Street, #201, Brighton, MA 02135
Swanson, Richard S.	55 Lake Avenue North, Worcester, MA 01605
NR — Swanson, Scott J.	Thoracic Surgery, Brigham & Women's Hospital, 75 Francis Street, Boston, MA 02115
Symes, James F.	11 Nevins Street, 306, Boston, MA 02135
Tanabe, Kenneth	Mass. General Hospital, Surgical Oncology, Fruit Street, Boston, MA 02114
Tawa, Nicholas	E.BI-Deaconess, 300 Brookline Ave., Boston, MA 02215
Thayer, Bruce A.	2000 Washington Street, Suite 665, Newton, MA 02462
Thurer, Robert L.	330 Brookline Avenue, Boston, MA 02215
Thurlow, Jeffrey B.	60 Sutton Road, Needham, MA 02492
Tilney, Nicholas L.	75 Francis Street, Boston, MA 02115
Tompkins, Ronald A.	Mass. General Hospital, Boston, MA 02114
Torchiana, David F.	33 Fruit Street, EDR 109, Boston, MA 02114
Tracy, Thomas F.	Hasbro Children's Hospital, 593 Eddy St., Providence, RI 02903
Tryzelaar, Joan F.	503 Woodfords Street, Portland, ME 04103

Tsao, Jane I.	NEMC, 750 Washington Street, #1, Boston, MA 02111
Upton III, Joseph	830 Boylston St., #212, Chestnut Hill, MA 02467
Vacanti, Joseph P.	300 Longwood Avenue, F4, Boston, MA0 2115
Vernon, James K.	2000 Washington Street, Newton, MA 02162
Vineyard, Gordon C.	One Fenway Plaza, 3rd Flr., Boston, MA 02215
Vittimberga, Frank J.	300 Mt. Auburn St., 407, Cambridge, MA 02138
Vlahakes, Gus J.	Mass. General Hospital, Boston, MA 02114
Wain, John C.	Mass. General Hospital, Boston, MA 02114
Warshaw, Andrew L.	15 Parkman St., WAAC 336, Boston, MA 02114
Watkins, Michael T.	150 S. Huntington Ave. 112, Boston, MA 02130
Weiner, Richard	955 Main Street, Winchester, MA 01890
Wei, John P.	Lahey Clinic, 41 Mall Road, Burlington, MA 01805
Weintraub, Ronald	330 Brookline Avenue, Boston, MA 02215
Welch, Harold J.	Lahey Hitchcock Medical Ct., 41 Mall Road, Burlington, MA 01805
Whittemore, Anthony D.	75 Francis Street, Boston, MA02115
Williamson, Christina A.	41 Mall Road, Burlington, MA 01805
Wilson, Mark J.	58 River Road, Weston, MA 02193
Wishnow, Kenneth I.	110 Francis Street, 6E, Boston, MA 02215
Wolfort, Francis G.	110 Francis Street, 9E, Boston, MA 02215
Woodson, Jonathan	88 E. Newton Street (D506), Boston, MA 02118
Wright, Cameron D.	Mass General Hospital, Boston, MA 02114
Wulf, Richard	95 Chapel Street, Norwood, MA 02062
Yaremchuk, Michael J.	15 Parkman Street, ACC-453, Boston, MA 02114
Zazzarino, Dominic	45 Resnick Road, 302, Plymouth, MA 02360
Ziegler, Moritz M.	Children's Hosp. Med. Ctr., 300 Longwood Avenue, Boston, MA 02115
Zinman, Leonard	41 Mall Road, Box 541, Burlington, MA 01805
Zinner, Michael J.	Brigham & Women's Hosp., 75 Francis St., Boston, MA 02115

SENIOR MEMBERS

Achenbach, Hart	437 Ipswich Road, Boxford, MA 01921
Aliopoulios, M. A.	277 Linden Street, Wellesley, MA 02181
Armstrong, Stewart	15 Croton Street, Wellesley Hills, MA 02181
Averill, Charles	15 Columbine Road, Weston, MA 02193
Banks, Henry H.	Tufts School of Medicine, 136 Harrison Avenue Boston, MA 02111
Barsamian, Ernest M.	Veterans Administration, 1400 VFW Parkway W., Roxbury, MA 02132
Bartlett, Marshall K.	10 Longwood Drive, #345, Westwood, MA 02090
Barton, Theodore C.	125 Parker Hill Avenue, Boston, MA 02120
Berger, Robert L.	60 Heath Street, Brookline, MA 02146
Bixby, Frank E.	188 Main St., Wenham, MA 01984
Blackburn, George L.	194 Pilgrim Rd., Boston, MA 02215
Blumen, David	36 High Street, S. Dartmouth, MA 02748
Bougas, James	25 Valley Road, Chestnut Hill, MA02167
Boyd, Robert J.	15 Parkman Street, #403, Boston, MA 02114
Braasch, John W.	41 Mall Road, Box 541, Burlington, MA 01805
Bradford, Martin	21 Tarragon Drive, E. Sandwich, MA 02537
Bredenberg, Carl	22 Bramhall Steet, Portland, ME 04102
Brown, Henry	BIDMC West Campus, One Deaconess Road, Boston, MA 02215
Buckley, Mortimer	MGH, Bulfinch 119, Boston, MA 02114
Burke, John F.	Mass. General Hospital ACC 4th Fl., Boston, MA 02114
Cafarella, Joseph L.	123 Bywater Court, Falmouth, MA 02540
Cahill, John M.	Boston Medical Center, 818 Harrison Avenue, Boston, MA 02118
Cannon, Bradford,	12 Silver Hill Road, Lincoln Center, MA 01773
Capobianco, Anthony G.	67 Union Street, Natick, MA 01760
Carpenter, Jr. Howard F.	P.O. Box 1, Bridgewater, MA 02324
Carroll, Mitchell	Carney Hospital, 2100 Dorchester Avenue, Dorchester, MA 02124
Carter, Edwin L.	15 Parkman St., ACC 465, Boston, MA 02114
Cleveland, Richard J.	174 Winding River Road, Wellesley, MA 02181
Collins, Jr. John J.	75 Francis Street, Boston, MA 02115
Constable, John D.	MGH, ACC 4th Floor, Boston, MA 02114
Couch, Nathan P.	5 High Rock Road, Dover, MA 02030
Daggett, Willard	MGH - Dept of Surgery, Boston, MA 02114
Davies, Frederick M.	Partridge Road, Etna, NH 03750
Desautels, Robert E.	P.O. Box 710, Marstons Mills MA02648
Desforges, Gerard	101 George P. Hassett Dr., Medford, MA 02155
DiTullio, Robert A.	157 Washington Street, Quincy, MA 02169
Dorsey, Joseph F.	P.O. Box 132, Belmont, MA 02178
Dunlop, George R.	340 Main Street, #356, Worcester, MA 01608
Egdahl, Richard	333 Commonwealth Ave., #23, Boston, MA 02115

Ellis, Jr. Henry F.	110 Francis Street, 2C, Boston, MA 02215
Emerson, George F.	Oak Knoll Road, Box 868, Meredith, NH 03253
Eraklis, Angelo J.	15 Day School Lane,
Fager, Charles	41 Mall Road, Box 541, Burlington, MA 01805
Feins, Neil R.	750 Washington Street, Box 344, Boston, MA 02111
Finn, Jr. Matthew C.	106 Main Street, Wareham, MA 02571
Fisher, John H.	17 Miles Road, Hingham, MA 02043
Frank, Edward	224 Walnut Street, Brookline, MA 02146
Frank, Howard A.	BIDMC East Campus, 330 Brookline Avenue, Boston, MA 02215
Friedman, Edward W.	29 Greenwood Street, Newton Center, MA 02159
Gibbs, Raymond W.	67 Vermont Street, W. Roxbury, MA 02132
Gifford, Jr. George	319 Longwood Avenue, Boston, MA 02115
Glotzer, Donald J.	70 Greylock Road, Newton, MA 02465
Goldwyn, Robert M.	1101 Beacon Street, Brookline, MA 02146
Gordon, Edward T.	20 Longmeadow Road, Milton, MA 02186
Gray Jr., Edward B.	2 Button Cove Road, Hingham, MA 02043
Hechtman, Herbert B.	75 Francis Street, Boston, MA 02115
Hiebert, Clement	368 Route 115, No. Windham, ME 04062
Healey, Stephen J.	P.O. Box 485, Weston, MA 02493
Helfand, Zolman	1180 Beacon Street, Brookline, MA 02146
Hennessy, Vincent L.	541 Main Street, 214, S. Weymouth, MA 02190
Hinchey, Thomas P. R.	865 Central Avenue, G110, Needham, MA 02192
Hoar, Jr. Carl S.	P.O. Box 958, W. Falmouth, MA 02574
Johnson, Willard C.	18 Appleblossom Lane, Easton, MA 02375
Kenworthy, Roger A.	26 Governor Belcher Lane, Milton, MA 02186
Kerr, Jr. Walter S.	6 Pine Tree Brook Road, Milton, MA 02186
Kingsbury, Richard A.	955 Main Street, Winchester, MA 01890
Kim, Robert W.	9 Terrace Road, Natick, MA 01760
Landry, Philip J.	75 Rita Road, Braintree, MA 02184
Lawrence, Knowles B.	865 Central Avenue, M203, Needham, MA 02192
Leape, Lucian L.	12 Laurel Drive, Lincoln, MA 01773
Libertino, John A.	41 Mall Road, Burlington, MA 01805
Lister, Julius	61 Lincoln Street, 309, Framingham, MA 01701
Lloyd, John B.	88 Essex Road, Chestnut Hill, MA 02167
Lowis, Samuel	1010 Memorial Drive, Cambridge, MA 02138
Lundberg, Robert	5 Bridgewater Street, Gloucester, MA 01930
Macarthur, John D.	Martha's Vineyard Hospital P.O. Box 1477, Oak Bluffs, MA 02557
MacAusland, William R.	85 Glenridge Rd., Dedham, MA 02026
MacGillivray, Douglas C.	10 Berry Street, Danvers, MA 01923
Mahoney, Edward M.	760 Brush Hill Road, Milton, MA 02186
Malcolm, John A.	1 Sparks Street, Cambridge, MA 02138
Malt, Ronald A.	Mass. General Hospital, Boston, MA 02114
Mangano, S. N.	26 Brighton Street, 207, Belmont, MA 02178
Mankin, Henry J.	Mass. General Hospital, Boston, MA 02114

Manuel, Barry M.	BUSM 100 E. Concord St., L120, Boston, MA 02118
Marcello, David E.	13 Clarendon Avenue, Brockton, MA 02401
Marchant, Douglas J.	101 Dudley Street, Providence, RI 02905
Maselli, J. Peter	690 South Street, Needham, MA 02192
May, Harold L.	80 Waban Hill Road, Chestnut Hill, MA 02167
McCann, Paul C.	646 Granite Avenue, Milton, MA 02186
McCarthy, Hugh	955 Main Street, Suite G2A, Winchester, MA 01890
McDonough, Eugene	1658 Centre Street, W. Roxbury, MA 02132
Merrill, Jr. Keith	Smith's Point Road, Manchester, MA 01944
Mikal, Stanley J.	142 Crabtree Road, Squantum, MA 02171
Miller, Harold I.	720 Harrison Avenue, 504, Boston, MA 02118
dec ~~Moore, Francis D~~.	~~10 Shattuck St., Boston, MA 02115~~
Moran, John	55 Lake Avenue North, Worcester, MA 01655
Mozden, Peter J.	750 Harrison Avenue, Boston, MA 02118
Murray, Joseph E.	108 Abbott Road, Wellesley Hills MA 02181
Neptune, Wilford	203 Mt. Vernon Street, W. Newton, MA 02165
Newton, Robert A.	41 Mall Road, Burlington, MA 01805
Nicholson, Alfred	52 Guild Street, Norwood, MA 02062
O'Connor, Nicholas E.	75 Francis Street, Boston, MA 02115
Perlman, Donald M.	480 Lynnfield Street, Lynn, MA 01904
Pikula, John V.	100 Revere Street, Boston, MA 02114
Pomer, Frank A.	736 Cambridge Street, Boston, MA 02135
Porell, William	141 Spring Street, Raytheon Co., Lexington, MA 02173
Provost, Pierre E.	68 Milk Street, Westwood, MA 02090
Quinby, Jr. William C.	55 Fruit Street, Boston, MA 02114
Reynolds, Charles T.	314 Grove Street, Westwood, MA 02090
Rheinlander, Harold	750 Washington Street, Boston, MA 02111
Richardson, George	58 Winter Street, Nahant, MA 01908
Ridder, William P.	40 Greenleaf Street, Quincy, MA 02169
Runyon, Robert C.	319 Longwood Avenue, Boston, MA 02115
Salzman, Edwin	68 Francis Avenue, Cambridge, MA 03128
Sayhoun, Anthony	69 Windsor Road, Wellesley Hills, MA 02181
Saini, Virender K.	40 Williams Street, Penthouse, 5th floor, Brookline, MA 02446
Schlesinger, Robert M.	One Lyons Street, Dedham, MA 02026
Shannon, James M.	321 Ocean Avenue, Marblehead, MA 01945
Shaughnessy, Robert J.	4 Stevens Road, Marblehead, MA 01945
Sher, Melvin H.	336 Union Avenue, Framingham, MA 01701
Shillito, Jr. John	300 Longwood Avenue, Boston, MA 02115
Shoul, Melvin I.	9 Exmoor Road, Newton, MA 02159
Silen, William	330 Brookline Avenue, Boston, MA 02215
Smithy, George B.	5 Aston Road, Chestnut Hill, MA 02167
Sohn, Stephen A.	100 Deborah Road, Newton, MA 02159
Spellman, Robert M.	14 Bay Pointe Drive, Buzzards Bay, MA 02532
Sugarman, Herman	12 Old Farm Road, Newton, MA 02159

dec	~~Warren, Kenneth W.~~	~~NEBH/125 Parker Hill Ave., Boston, MA 02120~~
	Zervas, Nicholas T.	Mass General Hospital, Fruit St., Boston, MA 02114
	Wheeler, Brownell H.	55 Lake Avenue North, Worcester, MA 01655
	Wilmore, Douglas W.	Brigham Surg Group, 110 Cypress Street, Brookline, MA 02146
	Yuan, Robert H.	110 Cedar Street, Newton Centre, MA 02159
	Zimmerman, Clarence	110 Francis Street, Boston, MA 02215

NONRESIDENT MEMBERS

Ackroyd, Frederick	611 Date Palm Road, Vero Beach, FL 32963
Acuna, Hugo A.	P.O. Box 1304, Edgartown, MA 02539
Bothe, Jr. Albert	5841 S. Maryland Avenue, MC1000, Chicago, IL 60637
Castaneda, Aldo R.	Switzerland
Chandler, Charles F.	Small Point Road, Box 253, Sebasco Estates, ME 04565
Cohen, Alfred M.	University of Kentucky, Lexington, KY
Deckers, Peter J.	Dean, School of Medicine, UCONN School of Med., 263 Farmington Ave., Farmington, CT 06030
Dowd, Joseph B.	Hitchcock Medical Center, Lebanon, NH
Eberlein, Timothy	Department of Surgery, Wash. U. School of Med., 660 S. Euclid Ave, Box 8109, St. Louis, MO 63110
Fink, Mitchell P.	UPMC Health Systems, 3550 Terrace Street, #616616 Scaife Hall, Pittsburg, PA 15261
Gupta, Sushil K.	Guthrie Clinic, 1 Guthrie Square, Sayre, PA 18840
Hakaim, Albert G.	Mayo Clinic Jacksonville, 2400 San Pablo Rd., Jacksonville, FL 32224
Harris, Burton H.	Division of Pediatric Surg. 1725 E. Boulder Street, Colorado Spring, CO 80909
Harrower, Harold W.	72 Putnam Pike, #403, Greenville, RI 02828
Head, John	163 Hopson Rd., Norwich, VT 05055
Hoover, Herbert C.	2325 Ballybinion Rd., Center Valley, PA 18034
Hopkins, Robert W.	164 Summit Ave., Providence, RI 02906
Jacobs, Danny O.	Creighton University, Omaha, NE
Jacobs, Jr., Lenworth M.	37 Belknap Road, W. Hartford, CT 06117
Kaiser, William C.	112 mVA Medical Center, 718 Smythe Road, Manchester, NH 03104
Kleeman, Francis J.	222 Sea Road, Kennebunk, ME 04043
Knapp, Robert C.	20 Sutton Place South, New York, NY 10022
Krukenkamp, Irvin B.	5 Dodge Lane, Old Field Lane, NY 11733
Lucek, Donald	P.O. Box 580, Mubridge, SD 57601
Lund, Dennis P.	600 Highland Ave., H4/724, Madison, WI 53798
Mandell, James	Office of the Dean, 47 Scotland Avenue, Albany, NY 12208
Mathews, Ernest S.	University of Cincinnati, Cincinnati, OH
Meadows, Edmund C.	Manchester, VT 05255
Mooney, David P.	Children's at Dartmouth, Lebanon, NH 03756
Mullin, Robert L.	Hospital of St. Raphael, 1450 Chapel Street, New Haven, CT 06511
Mundth, Eldred D.	830 Old Lancaster Road, Bryn Mawr, PA 02186
Neipris, Marvin E.	12 Mountain Laurels Drive #103, Nashua, NH 03062

Pernokas, Louis	250 Plantation Drive, Manning, SC 29102
Reinhold, Randolph B.	St. Raphael's Hospital, 1450 Chapel Street, New Haven, CT 06511
Rowbotham, John L.	P.O. Box 353, Franconia, NH 03580
Shaw, Robert S.	Lightening C. Farm, New Ipswich, NH 03071
Thayer, Charles L.	P.O. Box 751, New Castle, NH 03854
Wilkins, Jr. Earle W.	P.O. Box 593, Williamstown, MA 01267
Wirthlin, Leroy S.	Richmond, VA